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| Arkansas School Band and Orchestra AssociationALL-STATE CLINIC REGISTRATION/CERTIFICATION 2024-2025 JAZZPLEASE! | | | | | |
| 1. Print the required information requested on this form for each student who will be participating in the All-State  Jazz AS SOON AS RESULTS ARE FINAL!  2. Send check made to ASBOA for all students - $15.00 per student.  3. Register the directors from your school who will be attending the clinic on the following form. The Music  Conference registration fee is $40.00 per director. Both fees may be included in the same check, OR it may be  sent in a separate check to AR Music Conference. If you have students in other All-State groups, you only  need to pay **ONE $40.00 registration** fee per director for the entire conference. Please tell directors in your  system if you have registered them.  4. Mail this form and fees ASAP to: ASBOA, 1711 Coliseum DR, MSC 6036 Russellville AR, 72801 | | | | | |
| **School –** | | Director - | | | WK PH - |
| Please type or print NEATLY! In **SCORE ORDER**, PLEASE!  CHECK SPELLING CAREFULLY! | | | | | |
| **INSTRUMENT (Score Order)** | | **FIRST NAME** | | **LAST NAME** | |
| 1 |  |  | |  | |
| 2 |  |  | |  | |
| 3 |  |  | |  | |
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| 15 |  |  | |  | |
| I certify that these students are eligible under the rules of ASBOA and AAA. Each student agrees to abide by all ASBOA, AAA, All-State Music Conference and individual school policies. I will have in my possession at the conference an All-State Conduct Form, signed by each student and his/her parent(s) or guardian. A director or principal approved responsible adult will be responsible for these students during the conference. | | | | | |
| Director’s Signature - | | | | | |
| **Students \_\_\_\_\_\_\_\_\_\_ @ $15.00 each** | | | **$** | | |
| **ASBOA Office – Phone: 479.498.6059 – FAX: 501.421.7994 – Email: ddove@atu.edu** | | | | | |

Updated 9/12/24

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| **Arkansas Music Conference** **February 19-22, 2025**  **DIRECTOR/TEACHER REGISTRATION** | | | |
| Please fill out the following information on the directors from your school you would like to pre-register. This will save congestion and time at the registration table on site. Those who have **PREPAID** for students and directors will be able to pick up their packet at a separate table – no long line! | | | |
| **SCHOOL -** | | | |
| **DIRECTOR -**  **SCHOOL (only if different from above) –** | | | |
| **DIRECTOR -**  **SCHOOL (only if different from above) –** | | | |
| **DIRECTOR -**  **SCHOOL (only if different from above) –** | | | |
| **DIRECTOR -**  **SCHOOL (only if different from above) –** | | | |
| **DIRECTOR -**  **SCHOOL (only if different from above) –** | | | |
| **DIRECTOR -**  **SCHOOL (only if different from above) –** | | | |
| **DIRECTOR -**  **SCHOOL (only if different from above) –** | | | |
| **CHAPERONE –** | | **CHAPERONE –** | |
| **CHAPERONE –** | | **CHAPERONE –** | |
| **CHAPERONE –** | | **BUS DRIVER –** | |
| **COLLEGE OR UNIVERSITY STUDENT –** | | **STUDENT INTERN –** | |
| Directors, Music Teachers **Chaperones, Retired Music Teachers, Bus Drivers**  **College Students, Interns** | **\_\_\_\_\_\_\_\_\_\_ @ $40.00**  **\_\_\_\_\_\_\_\_\_\_ @ $10.00** | | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **TOTAL ENCLOSED** | | | **$** |
| **Check the box if you do NOT want your school, name, and email address to be provided to our vendors.** | | | |
| **Send completed form and check to: ASBOA, 1711 Coliseum DR, MSC 6036 Russellville AR, 72801**  **Fax 501.421.7994** | | | |