Arkansas School Band and Orchestra Association ALL-STATE CLINIC REGISTRATION/CERTIFICATION Orchestra – Including Winds/Perc PLEASE!

- 1. Print the required information requested on this form for each student who will be participating in the All-State Orchestra or Bands AS SOON AS RESULTS ARE FINAL!
- 2. Send check made payable 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.

| 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! | | | | | | |
| | STRUMENT (Score Order) | FIRS | T NAME | LAST NAME | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 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 | | | | | | |
| ASDOA Office - Filolie: 4/3.430.0035 - FAX: 301.421./334 - Efficie: udove@atu.edu | | | | | | |

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 preregister. 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 | | @ \$40.00 | \$ | | | |
| Chaperones, Retired Music | | @ \$10.00 | \$ | | | |
| Teachers, Bus Drivers | | _ @ 4_0.00 | | | | |
| College Students, Interns | | L 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 | | | | | | |