

Arkansas School Band and Orchestra Association
ALL-STATE CLINIC REGISTRATION/CERTIFICATION
Wind Symphony, Symphonic Band, Concert Band
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.
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 | | |
| 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** **\$** _____

ASBOA Office – Phone: 479.498.6059 – FAX: 501.421.7994 – Email: ddove@atu.edu

Arkansas Music Conference

February 18-21, 2026

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