

COASTAL BEND COLLEGE DIA DEL MARIACHI

Registration Form for Middle Schools

Groups will be filled on a first-come first-serve basis by March 28, 2013. For additional student names and instruments, use another sheet.

Check one Classification: 5A 4A 3A 2A A

Check appropriate level: Div. I—meets as a class or Div. II—meets as extracurricular activity
 Div I Div II

Beginner Varsity Jr. Varsity

Check one: 8th Grade 7th Grade 6th Grade

Time Limits for the Mariachi Group Competition:

Middle School 7-9 minutes

Groups competing over the allotted time limits will have points deducted.

Name of Mariachi Group: _____

Name of Mariachi Director: _____

Address: _____

City, State, Zip: _____

Names of Students:

Instrument/Vocalist:

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |

Juan Jose Sanchez, Dia Del Mariachi™ Coordinator

Coastal Bend College, 704 Coyote Trail, Alice, Texas 78332

Phone: (361) 664-2981 Ext. 3042 Fax: (361) 668-9277 E-mail: alice2@coastalbend.edu

12. _____
13. _____
14. _____
15. _____
16. _____

List of songs in the order of performance: _____ Type: (vals, bolero, etc.)
Minimum of two selections with different styles or potpurri

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For Registration fees and concert tickets see the invitation letter at www.coastalbend.edu/diadelmariachi. Turn in your registration form, registration fee, concert ticket money, and list of songs you will be performing by March 28, 2013. For registration fee and concert tickets make check payable to "Coastal Bend College". Report any changes, concerns, or questions to Juan Jose Sanchez or e-mail: alice2@coastalbend.edu.

Sign in for groups will begin at 8:30 a.m. on Saturday April 6, 2013. After you compete you will be escorted out to the photographer's area to take a group picture. The picture will be mailed to your school under the Mariachi Director's name.

Please provide a telephone number, e-mail, and fax number for faster communication.

Phone: _____

Fax: _____

E-mail address: _____

Send registration form to: _____ or Fax it to number below
 Coastal Bend College
 C/O Juan Jose Sanchez
 704 Coyote Trail
 Alice, TX 78332

Disclaimer: Coastal Bend College is not responsible for accidents/lost equipment.

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