

SUMMARY FORM

ORGANIZATION EVENTS

Note: After filling in all information, copy and send to Business Office. They need a copy as invoice for their records. Use TAB key to move from field to field. Use SPACE BAR to enter checkmarks or Xs.

School Name _____ Address _____ City _____ ZIP _____ Conf. _____

Director _____ School Ph _____ Home Ph _____ Date _____

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Event (Check one) Marching Concert & Sight-reading

Group type: Choral directors use T-B for tenor-bass

GROUP NAME	Group Type	Varsity Group	Non-Var Group	Vocal SR Voicing	# of Group members	Group Entry fee (see schedule)
<i>(ex) John Doe HS Choir</i>	<i>Mixed</i>	<i>X</i>		<i>SATB</i>	<i>75</i>	<i>\$ 275.00 Sample only</i>

Total Fees \$ _____

Check No. _____ Amount \$ _____

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VOCAL DIRECTORS: Be sure to fill in the "Vocal SR Voicing" and "# of Group members" columns. The contest director must have this information to provide the correct sight-reading music for your organization.

BAND/ORCH DIRECTORS: Be sure to fill in the "# of Group members" column. The contest host must have this information to provide the correct setup for warm-up, stage, and sight-reading.