Clear Form

SUMMARY FORM

Solo & Ensemble Events

Note: After filling in all information, print and send to Business Office with your PO for check. They need a copy as an invoice for their records.

School ______ Address ______ City ______ ZIP ______ Conf. ______

Director ______ School Phone ______ Home Phone ______ Date of Event ______

EMAIL: SCHOOL: ______ HOME: ______

Event (Check one) Band____ Twirling____ Vocal____ Orchestra____

SOLOS:

Class I __________

Class II __________

Class III__________

TOTAL SOLOS 0

PIANO SOLOS:

Class I __________

Class II __________

Class III __________

TOTAL SOLOS 0

TOTAL ALL SOLOS 0 X 9.00 each = $ 0.00

^^^

SMALL ENSEMBLES:

Class I (# of Ens)______ (Ttl. # Mbrs.) _______

Class II (# of Ens)______ (Ttl. # Mbrs.) _______

Class III (# of Ens)______ (Ttl. # Mbrs.) _______

Total # Ensembles 0 Total # Members 0

MEDIUM ENSEMBLES:

Open Class (# of Ens)_____ (Ttl. # Mbrs.) _____

EXPERIMENTAL ENSEMBLES:

Open Class (# of Ens)_____ (Ttl. # Mbrs.) _____

Total # Ensembles 0 Total # Members 0

TOTAL ALL ENS. MEMBERS 0 X $9.00 each = $ 0.00

- - RECAP - -

Total Solo Fees ....$ 0.00

Total Ensembles Fees ....$ 0.00

GRAND TOTAL.........$ 0.00

Check No. ______________ Amount $ ________________

(Please attach a copy of this form with your payment)

Print Form