Clear Form

SUMMARY FORM

ORGANIZATION EVENTS

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

……...

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)
(ex) John Doe HS Choir	*Mixed*	*X*		*SATB*	*75*	*$ 275.00 Sample only*

Total Fees $ **$0.00**

Check No. _____ Amount $ _____

Print Form

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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.

(Duplicate this form as needed)

Make checks payable to: Region IV UIL Music 1604 Colonial Dr Longview, TX 75605