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 **8.00** 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 **$8.00** 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

Remit to: Region 6 UIL Music...4142 Springbrook Dr...Odessa, TX 79762