


Orchestra Assessment Event Registration Form I
 Junior High/Middle School Orchestra
 • Please type. Do not fill in by hand •

Heartland

PAID
 CK. NO. 66070 \$816
 DATE 1/18/10
 (of 3 (conf reg))

School Grayson County Middle School - Heartland District

Orchestra Director Adam French

Assistant Director Karen Likins

Full Orchestras

	Number in group	Class (E, M or D)	\$85 each
Orch #1			\$0.00
Orch #2			\$0.00
Orch #3			\$0.00
Orch #4			\$0.00
0	Total entries	Total fees	\$0.00

String Orchestras

	Number in group	Class (E, M or D)	\$85 each
Orch #1	21	M comment	\$85.00
Orch #2	24	M	\$85.00
Orch #3			\$0.00
Orch #4			\$0.00
2	Total entries	Total fees	\$170.00

Ensembles

# of entries	Ensembles \$8.00 each	Fee
	String ensembles	\$0.00
0	Total entries	Total fees \$0.00

Solos

# of entries	Solos \$5.00 each	Fee
	Violin	\$0.00
	Viola	\$0.00
	Cello	\$0.00
	Bass	\$0.00
	Classical guitar	\$0.00
	Harp	\$0.00
0	Total entries	Total fees \$0.00

Fee Calculation

Orchestra Fees.....	\$170.00
Ensemble Fees.....	\$0.00
Solo Fees.....	\$0.00
Total Amount Due.....	\$170.00

If not requesting a site change please complete this form, print and mail with payment to: KMEA, P.O. Box 1058, Richmond, KY 40476 or fill in credit card information below and mail or fax (859-626-1115) to the KMEA office.

Site Change Request
 (Must be submitted by Form I deadline)

Complete this section, including director & principal signatures, ONLY if requesting site change.

1. Mail, scan & e-mail, or fax to current Festival Manager for signature
2. After form is signed and returned, forward to the Festival Manager of the requested district
3. When both signatures are on the form, send with payment to:

KMEA
 P.O. Box 1058
 Richmond, KY 40476-1058

Number of solos to move _____

Number of ensembles to move _____

Number of large groups to move _____

Reason for request:
 GCMS doing festival and solo and ensemble with Heartland

Director signature	Principal signature
Current district	Manager signature
Requested district	Manager signature

Visa, Mastercard, or Discover Payment Information

Name on card _____
 Expiration date _____
 3 digit v-code _____

Card number _____
 Signature _____