

# PAID

Orchestra Assessment Event Registration Form 1  
Junior High/Middle School Orchestra

CK. NO. 11415 \$203  
DATE 10-20-09



• Please type. Do not fill in by hand •

# PAID

PK#  
CK. NO. 101000098 \$203  
DATE 10-14-09

School Tates Creek Middle School

Orchestra Director Frank Spragens, Jr.

Assistant Director \_\_\_\_\_

### 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	\$85.00
Orch #2	22	e	\$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
1	String ensembles	\$8.00
1	Total entries	Total fees \$8.00

### Solos

# of entries	Solos \$5.00 each	Fee
1	Violin	\$5.00
	Viola	\$0.00
3	Cello	\$15.00
1	Bass	\$5.00
	Classical guitar	\$0.00
	Harp	\$0.00
5	Total entries	Total fees \$25.00

### Fee Calculation

Orchestra Fees.....	\$170.00
Ensemble Fees.....	\$8.00
Solo Fees.....	\$25.00
<b>Total Amount Due.....</b>	<b>\$203.00</b>

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_