

Orchestra Assessment Event Registration Form I

High School Orchestra

• Please type. Do not fill in by hand •

Mad



PAID

CK. NO. 55961 \$180
DATE 1/19/10

School Daviess Co HS

Orchestra Director Karen Higdon

Assistant Director _____

Full Orchestras

	Number in group	Class (E, III, IV, V or VI)	\$115 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, III, IV, V or VI)	\$115 each
Orch #1	17	IV	\$115.00
Orch #2			\$0.00
Orch #3			\$0.00
Orch #4			\$0.00
1	Total entries	Total fees	\$115.00

Ensembles

# of entries	Ensembles \$8.00 each	Fee
5	String ensembles	\$40.00
5	Total entries	Total fees \$40.00

Solos

# of entries	Solos \$5.00 each	Fee
4	Violin	\$20.00
	Viola	\$0.00
	Cello	\$0.00
	Bass	\$0.00
1	Classical guitar	\$5.00
	Harp	\$0.00
5	Total entries	Total fees \$25.00

Fee Calculation

Orchestra Fees..... \$115.00
 Ensemble Fees..... \$40.00
 Solo Fees..... \$25.00
Total Amount Due..... \$180.00

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:

I need to make sure the HS Orchestra Plays on the date that

is NOT the ACT date in March.

Director signature _____ Principal signature _____

Current district _____ Manager signature _____

Requested district _____ Manager signature _____

Visa or Mastercard Payment Information

Name on card _____ Card number _____
 Expiration date _____
 3 digit v-code _____ Signature _____