

Orchestra Assessment Event Registration Form I  
High School Orchestra

• Please type. Do not fill in by hand •



MOR

**PAID**

CK. NO. 43718 \$324  
DATE 11-16-09

School Paul G. Blazer H.S.  
Orchestra Director Dan Boyer  
Assistant Director N/A

**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	43	IV	\$115.00
Orch #2	39	III	\$115.00
Orch #3			\$0.00
Orch #4			\$0.00
2	Total entries	Total fees	\$230.00

**Ensembles**

# of entries	Ensembles \$8.00 each	Fee
8	String ensembles	\$64.00
8	Total entries	Total fees \$64.00

**Solos**

# of entries	Solos \$5.00 each	Fee
2	Violin	\$10.00
2	Viola	\$10.00
1	Cello	\$5.00
1	Bass	\$5.00
	Classical guitar	\$0.00
	Harp	\$0.00
6	Total entries	Total fees \$30.00

**Fee Calculation**

Orchestra Fees..... \$230.00  
Ensemble Fees..... \$64.00  
Solo Fees..... \$30.00  
**Total Amount Due..... \$324.00**

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:

Director signature \_\_\_\_\_ Principal signature \_\_\_\_\_

Current district \_\_\_\_\_ Manager signature \_\_\_\_\_

Requested district \_\_\_\_\_ Manager signature \_\_\_\_\_

**Visa or Mastercard Payment Information**

Name on card \_\_\_\_\_  
Expiration date \_\_\_\_\_  
3 digit v-code \_\_\_\_\_

Card number \_\_\_\_\_  
Signature \_\_\_\_\_