

ALL-STATE SOLO FESTIVAL
ENTRY FORM

School Name _____ Address _____

City _____ ZIP _____ Director's Sch. Phone _____

Home Phone _____ Director's Name _____

MENC # _____ Student's Name _____

Instrument _____ Composition _____

Composer _____ Publisher _____

Duration _____ Type Accompaniment _____ Maximum playing time allowed is 10 minutes

Accompanist's Name _____

Director's Signature _____ Student's Signature _____

If you have specific needs in regard to scheduling, fully detail them here:

Please be accurate with the duration. This is necessary for accurate scheduling.

This completed form, with check in the amount of \$20.00, is to be sent to the Executive Secretary.

THE POSTMARK DEADLINE IS MARCH 15. THE \$50 LATE FEE APPLIES.

ATTENTION, DIRECTORS: The submission of a correct and complete form is YOUR responsibility. Do not allow students to mail this form! They may fill out their name, composition, etc., but you must check it for completion and accuracy and mail it!