

# L.M.E.A. ALL-STATE GROUPS

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## REGISTRATION FORM # 1

**ALL STATE CONCERT BAND**

**RETURN BY OCTOBER 22 TO:**

**JAY ECKER  
BAND DIVISION CHAIR  
700 ROYAL ST.  
LAKE CHARLES, LA 70607**

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Please type or print legibly so your name will not be misspelled on the concert program. Fill in all blanks.

Name \_\_\_\_\_ Instrument \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

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Please check one:

\_\_\_\_\_ The above named student has no physical problems that may cause problems during All-State activities.

\_\_\_\_\_ The above named student has the following problems that may cause a problem during All-State activities. \_\_\_\_\_

We hereby give our permission for emergency treatment by qualified members of the medical profession, if such treatment should be necessary.

\_\_\_\_\_  
(Parent's Signature)

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The student listed above accepts the invitation to participate in the Louisiana Music Educators Assn. ALL-STATE activities in November. The rules and regulations (included in the All-State packet) have been read carefully and are understood and agreed to by those whose signatures appear below.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Music Director's Signature)  
(Home Phone # (     ) \_\_\_\_\_)

\_\_\_\_\_  
(School Principal's Signature)