

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

REGISTRATION FORM # 1

ALL STATE ORCHESTRA

RETURN BY OCTOBER 22 TO:

**KATRICE LACOUR
ORCHESTRA DIVISION CHAIR
748 COCO BED ROAD
CLOUTIERVILLE, LA 71416**

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 _____

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)

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)