

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 _____

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/Guardian's Name – Print)

(Parent/Guardian's Signature)

The student listed above accepts the invitation to participate in the Louisiana Music Educators Association 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/Guardian's Signature)

(Music Director's Signature)

(School Principal's Signature)

Director's Phone () _____