

LOUISIANA MUSIC EDUCATORS ASSOCIATION All-State Concert and Symphonic Band Registration Form

This form must be submitted to your division chairperson by October 22.

| Student Information (Please print or type) | |
|--|--|
| Name | Instrument |
| Mailing Address | Telephone () |
| City | State Zip |
| School | Grade |
| All State Ensemble: Symphonic Band | Concert Band |
| T-Shirt Size: (circle one) S M L XL | XXL XXXL (Free to All-State Members.) |
| The above named student has no physical problems the | nat may cause problems during All-State activities |
| The above named student has the following problems activities: | |
| <u>Director Information (Please print or type)</u> | |
| Name Sch | 100l |
| School Address | |
| City | State Zip |
| School Telephone () Home/0 | Cell Telephone () |
| Director Email | |
| NAfME ID # Expira | ation Date |
| All-State Fees | |
| The All-State Fee of \$55.00 per student must be enclosed. Paym check, or money order. All checks should be payable to L.M.E./NO PERSONAL CHECKS will be accepted. Meals and housing the Louisiana Music Educators Association Foundation. | A. NO REFUNDS if student does not participate. |
| The student listed above accepts the invitation to participate in the STATE activities. The rules, regulations, and policies (www.lme understood and agreed to by those whose signatures appear below is not a current member of L.M.E.A. and is not pre-registere to participate in L.M.E.A. All-State. | eamusic.org) have been read carefully, and are w. It is understood that a student whose director |
| Parents/Guardians also hereby give permission for emergency treprofession, if such treatment should be necessary. | eatment by qualified members of the medical |
| Parent/Guardian Signature | Student Signature |
| Music Teacher Signature | School Principal Signature |
| Please Mail Completed Form to: | |

Joseph Nassar Band Division Chair 39414 Madison Ave. Prairieville, LA 70769