



# LOUISIANA MUSIC EDUCATORS ASSOCIATION

## All-State Choir 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: \_\_\_\_\_ Mixed Choir \_\_\_\_\_ Women's Choir \_\_\_\_\_

T-Shirt Size: (circle one) S M L XL XXL XXXL (Free to All-State Members.)

\_\_\_\_\_ 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: \_\_\_\_\_

### Director Information (Please print or type)

Name \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_

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

School Telephone ( ) \_\_\_\_\_ Home/Cell Telephone ( ) \_\_\_\_\_

Director Email \_\_\_\_\_

NafME ID # \_\_\_\_\_ Expiration Date \_\_\_\_\_

### All-State Fees

The All-State Fee of \$60.00 per student must be enclosed. Payment must be made by school check, booster club check, or money order. All checks should be payable to L.M.E.A. NO REFUNDS if student does not participate. NO PERSONAL CHECKS will be accepted. Meals and housing are not included. All-State is partially funded by the Louisiana Music Educators Association Foundation.

The student listed above accepts the invitation to participate in the Louisiana Music Educators Association ALL-STATE activities. The rules, regulations, and policies ([www.lmeamusic.org](http://www.lmeamusic.org)) have been read carefully, and are understood and agreed to by those whose signatures appear below. **It is understood that a student whose director is not a current member of L.M.E.A. and is not pre-registered for the L.M.E.A. Conference shall be ineligible to participate in L.M.E.A. All-State.**

Parents/Guardians also hereby give permission for emergency treatment by qualified members of the medical profession, if such treatment should be necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Music Teacher Signature

\_\_\_\_\_  
School Principal Signature

### Please Mail Completed Form to:

Michael Townsend  
Vocal Division Chair  
1322 Choctaw Road  
Thibodaux, LA 70301