

Orchestra Assessment Event Registration Form I

High School Orchestra

• Please type. Do not fill in by hand •



**PAID**  
 CK. NO. 1272 \$445.00  
 DATE 10-20-09

School Lafayette High School  
 Orchestra Director Jennifer L. Grice  
 Assistant Director Fred Speck

**PAID**  
 CK. NO. 227802 \$345  
 DATE 11-20-09

Full Orchestras

	Number in group	Class (E, III, IV, V or VI)	\$115 each
Orch #1			\$0.00
Orch #2			\$0.00
Orch #3			\$0.00
Orch #4			\$0.00
0	Total entries	Total fees	\$0.00

String Orchestras

	Number in group	Class (E, III, IV, V or VI)	\$115 each
Orch #1	36	IV	\$115.00
Orch #2	25	VI	\$115.00
Orch #3	30	VI	\$115.00
Orch #4			\$0.00
3	Total entries	Total fees	\$345.00

Ensembles

# of entries	Ensembles \$8.00 each	Fee
	String ensembles	\$0.00
0	Total entries	Total fees \$0.00

Solos

# of entries	Solos \$5.00 each	Fee
50	Violin	\$250.00
14	Viola	\$70.00
18	Cello	\$90.00
7	Bass	\$35.00
	Classical guitar	\$0.00
	Harp	\$0.00
89	Total entries	Total fees \$445.00

Fee Calculation

Orchestra Fees.....	\$345.00
Ensemble Fees.....	\$0.00
Solo Fees.....	\$445.00
<b>Total Amount Due.....</b>	<b>\$790.00</b>

If not requesting a site change please complete this form, print and mail with payment to: KMEA, P.O. Box 1058, Richmond, KY 40476 or fill in credit card information below and mail or fax (859-626-1115) to the KMEA office.

**Site Change Request**  
 (Must be submitted by Form I deadline)

Complete this section, including director & principal signatures, ONLY if requesting site change.

1. Mail, scan & e-mail, or fax to current Festival Manager for signature.
2. After form is signed and returned, forward to the Festival Manager of the requested district.
3. When both signatures are on the form, send with payment to:

KMEA  
 P.O. Box 1058  
 Richmond, KY 40476-1058

Number of solos to move \_\_\_\_\_

Number of ensembles to move \_\_\_\_\_

Number of large groups to move \_\_\_\_\_

Reason for request:

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Director signature \_\_\_\_\_ Principal signature \_\_\_\_\_

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Current district \_\_\_\_\_ Manager signature \_\_\_\_\_

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Requested district \_\_\_\_\_ Manager signature \_\_\_\_\_

PD

Booster check #1277

Visa or Mastercard Payment Information

Name on card \_\_\_\_\_ Card number \_\_\_\_\_  
 Expiration date \_\_\_\_\_ Signature \_\_\_\_\_  
 3 digit v-code \_\_\_\_\_