

Orchestra Assessment Event Registration Form I
Junior High/Middle School Orchestra
• Please type. Do not fill in by hand •

mad



CK. NO. 423384 \$85
 DATE 1/19/10

School Owensboro 5/6 Center
 Orchestra Director Greg Olson
 Assistant Director Wade Wiggins

Full Orchestras

| | Number in group | Class (E, M or D) | \$85 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, M or D) | \$85 each |
|---------|-----------------|-------------------|-----------|
| Orch #1 | 34 | M | \$85.00 |
| Orch #2 | | | \$0.00 |
| Orch #3 | | | \$0.00 |
| Orch #4 | | | \$0.00 |
| 1 | Total entries | Total fees | \$85.00 |

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 |
|--------------|-------------------|-------------------|
| | Violin | \$0.00 |
| | Viola | \$0.00 |
| | Cello | \$0.00 |
| | Bass | \$0.00 |
| | Classical guitar | \$0.00 |
| | Harp | \$0.00 |
| 0 | Total entries | Total fees \$0.00 |

Fee Calculation

| | |
|------------------------------|----------------|
| Orchestra Fees..... | \$85.00 |
| Ensemble Fees..... | \$0.00 |
| Solo Fees..... | \$0.00 |
| Total Amount Due..... | \$85.00 |

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:

| | |
|--------------------|---------------------|
| Director signature | Principal signature |
| Current district | Manager signature |
| Requested district | Manager signature |

Visa, Mastercard, or Discover Payment Information

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