

## **ALL-STATE MUSIC FESTIVAL BAND APPLICATION** for Year

Student currently meets all ASAA & TAD eligibility requirements to participate.

YES

NO

## School Name

STUDENT	
Student's Name (please print clearly)	Grade (9-12)
Is the student auditioning for more than on	e section/group?
No Yes. List both: 1)	2)
* Note: If both auditions are chosen in the audition process, the higher	er scoring audition will be selected in consideration of the greater benefit to the performing group
Instrument	Orchestra Participation
	If selected for All-State Band, I am willing to participate in the orches- tral wind or percussion sections. Yes No
rehearsals, be prompt, and conduct myself in accordance wit from further festival participation and may be sent home im	laska All-State Music Festival with my music completely prepared. I will attend AL th ASAA's Code of Conduct at all times. If not, I understand that I may be disqualified mediately. My audition was made without using any electronic keyboard, electronic tach exercise was completed in one recording and was not a spliced compilation o
PARENT/	GUARDIAN AGREEMENT
If selected, my son/daughter has my permission to attend th rules and obligations which my son/daughter has agreed to	e ASAA/First National Bank Alaska All-State Music Festival. I understand the above o follow, and I expect him/her to honor them as stated. If not, I understand that my cipation and may be sent home immediately at the school district's discretion.
Parent/Guardian's Name F	Parent/Guardian's Signature Date
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BAN	ID/MUSIC DIRECTOR
exercise was completed in one recording and was not a splic	board, electronic enhancement, headphones with the pitches being played, etc. Each ed compilation of other recordings. The above information is accurate, and I will be ng all rehearsals. This student is a member of the school's music program.
Director's Name	Director's Signature Date
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	PRINCIPAL

I understand the plans for the ASAA/First National Bank Alaska All-State Music Festival and approve this application.

**Principal's Name** 

## **Principal's Signature**

Date

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