

**IOWA ALL-STATE MUSIC FESTIVAL
REGISTRATION FORM
2018**

(School Name)

Band Director/Chaperone _____ Cell Number _____

Chorus Director/Chaperone _____ Cell Number _____

Orchestra Director/Chaperone _____ Cell Number _____

READ THESE INSTRUCTIONS CAREFULLY AND FOLLOW DIRECTIONS

1. Fill out this form completely.
2. Bring this form, with **\$20.00 per student fee** (if not prepaid), to the All-State Music Festival Registration desk located on the middle floor of the Scheman Building between 2:00 p.m. - 6:00 p.m. Thursday, November 15, or 8:00 a.m. - 10:00 a.m. Friday, November 16.
3. At this time, you will receive a packet containing participant name tags with lanyards for each registered student. Name tags and lanyards must be worn to attend rehearsals on Friday. **Seating assignments for the All-State Chorus will be in the registration packet. Singers must have these prior to their first rehearsal.**
4. The one director (**one director only**) who registers the school will receive **all** materials for that school.

Total Number of Students in All-State _____ x **\$20.00 per student** = \$ _____

(Signature of registering director)

Please note: One complimentary ticket will still be issued to your school for each All-State Ensemble (Band, Chorus, Orchestra) students are selected into. Your school, however, can now pre-purchase All-State tickets for **other directors** in your district who are chaperoning students and who wish to attend the concert. The price of these tickets is \$22.00.

Number of **Director Only** Tickets _____ x **\$22.00 per ticket** = \$ _____
(in addition to complimentary tickets)

GRAND TOTAL DUE (Student Registration Fee + Director Only Ticket Amount) \$ _____

Please consider prepayment of registration fees. Send appropriate fee and this form to be received by **November 6, 2018** to:

IHSMA, PO Box 10, Boone, IA 50036-0010