

**IOWA ALL-STATE MUSIC FESTIVAL
REGISTRATION FORM
2022**

(School Name)

(School Phone Number)

Band Director/Chaperone _____

Cell Number _____

Chorus Director/Chaperone _____

Cell Number _____

Orchestra Director/Chaperone _____

Cell Number _____

READ THESE INSTRUCTIONS CAREFULLY AND FOLLOW THE DIRECTIONS

1. Fill out this form completely.
2. Bring this form, with **\$30.00 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 17, or 8:00 a.m. - 10:00 a.m. Friday, November 18.
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 beginning Friday morning, November 18. **Seating assignments for the All-State Chorus will be in the registration packet. Singers must have these prior to their first rehearsal on Friday morning.**
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 \$30.00 per student = \$ _____

(Signature of registering director)

Director Tickets: One complimentary ticket will be issued to your school for each All-State Ensemble (Band, Chorus, Orchestra) students are selected into. Your school, however, can 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 \$25.00.

Number of **Director Only** Tickets _____ x \$25.00 per ticket = \$ _____
(in addition to complimentary tickets)

IMEA Conference Registration for All-State Directors/Chaperones: IMEA is now offering a special reduced-rate registration for music teachers chaperoning students at the Iowa All-State Music Festival. Sessions for band, choir, and orchestra will be offered when All-State students are in rehearsal.

Number of **IMEA Conference** Registrations _____ x \$30.00 per registration = \$ _____

List Names of Directors Attending: _____

GRAND TOTAL DUE \$ _____

(Student Registration Fee + Director Only Ticket Amount + IMEA Conference Registration Fee)

Please consider prepayment of registration fees. Send appropriate fee and this form to be received by **November 8, 2022** to: IHSM, PO Box 10, Boone, IA 50036-0010