

2023 ALL-STATE MUSIC FESTIVAL TRANSPORTATION REQUEST

School Name: _____

Director Name(s): _____

We will require transportation as indicated below:

_____ Number of students at 7:00 AM Friday (to ISU)

_____ Number of students at 7:45 AM Friday (to ISU)

_____ Number of students at 8:15 AM Friday (to ISU)

_____ Number of students at 7:45 PM Friday (to hotels)

_____ Number of students at 8:30 PM Friday (to hotels)

_____ Number of students at 7:00 AM Saturday (to ISU)

_____ Number of students at 7:45 AM Saturday (to ISU)

_____ Number of students at 8:15 AM Saturday (to ISU)

This sheet *must* be received by the IHSMA **on or before November 7!!**

Online: <https://forms.gle/AdGWXBmgDtiBVcPR8>

Mail: IHSMA, PO Box 10, Boone, IA, 50036

Email: cassie@ihsma.org