

**IOWA ALL-STATE MUSIC FESTIVAL
REGISTRATION FORM
2023**

(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 payment (if not prepaid), to the All-State Music Festival registration desk located on the middle floor of the Scheman Building between 2:00 - 6:00 PM Thursday, November 16, or 8:00 - 10:00 AM Friday, November 17. The one director (**one director only**) who registers the school will receive **all** materials for that school. The 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 17. **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.**

Total Number of Students in All-State _____ x **\$32.00 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 \$30.00.

Number of **Director Only** Tickets _____ x **\$30.00 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 submit this form via email on or before November 7, 2023.

Email to: cassie@ihsma.org. Include a PO number in the email.

This form serves as the invoice. Payment is preferred on or before November 7, but it can be sent later.

Please send payment to: IHSMA, PO Box 10, Boone, IA, 50036.

Please include a copy of this form with the payment. Thank you!