

2024 ALL-STATE MUSIC FESTIVAL MEAL TICKET REQUEST FORM

School Name: _____
Director Name(s): _____

Four-Meal Plan @ \$49.50 each for the 2024 All-State Music Festival

(Friday Breakfast & Dinner; Saturday Breakfast & Lunch)

Plans Needed: _____ Student(s) _____ Director(s)

Total Four-Meal Plans: _____ x \$49.50 = \$ _____

Two-Meal Breakfast Plan @ \$21.00 each for the 2024 All-State Music Festival

(Friday Breakfast and Saturday Breakfast)

Plans Needed: _____ Student(s) _____ Director(s)

Total Two-Meal Plans: _____ x \$21.00 = \$ _____

Friday Lunch for Directors @ \$13.25 each for the 2024 All-State Music Festival

(Friday Lunch for student participants is already included in the festival registration cost.)

Lunches Needed: _____ Director(s)

Total Friday Lunches: _____ x \$13.25 = \$ _____

Friday Dinner @ \$14.25 each for the 2024 All-State Music Festival

Dinner Needed: _____ Student(s) _____ Director(s)

Total Friday Suppers: _____ x \$14.25 = \$ _____

Saturday Lunch @ \$14.25 each for the 2024 All-State Music Festival

Lunches Needed: _____ Student(s) _____ Director(s)

Total Saturday Lunches: _____ x \$14.25 = \$ _____

(The above meals will be catered in Hilton Coliseum on the concourse level.)

Saturday Dinner @ \$10.50 each for the 2024 All-State Music Festival

(This meal will be a pizza party in C.Y. Stephens.)

Dinner Needed: _____ Student(s) _____ Director(s)

Total Saturday Suppers: _____ x \$10.50 = \$ _____

***Please communicate any special dietary needs (allergies, gluten-free, dairy-free, vegan, vegetarian, etc.) by completing this Google Form: <https://forms.gle/nBM2MjF5zoDuEsin6>**

Total Amount Due: \$ _____

All meal ticket requests *must* be received in the IHSMA Office *on or before November 12, 2024.*

Please email the form to este@ihisma.org. Include a PO number in the email.

Requests received after November 12, 2024, will not be accepted.

This form serves as the invoice. Payment is preferred on or before November 12, 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!