

2024 IOWA ALL-STATE MUSIC FESTIVAL REGISTRATION FORM

(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. PRINT and 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 21, or 8:00 - 10:00 AM Friday, November 22.
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 22. **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 **\$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 12, 2024.

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

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!