

TRANSPORTATION REQUEST

ALL-STATE MUSIC FESTIVAL 2024

School Name: _____

Director Name(s): _____

If you are requesting transportation, please complete the Google Form or form below. Thank you!

Online: <https://forms.gle/u1CZQgbiMPwdcBQYA>

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 7:30 AM Saturday (to ISU)

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

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

The Google Form or this sheet *must* be received by the IHSMA
on or before November 12!!

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

Email: este@ihsma.org