IOWA ALL-STATE MUSIC FESTIVAL REGISTRATION FORM 2025

(School Name)		(School Phone Number)
Band <u>Director/Chaperone</u>		Cell Number
Chorus Director/Chaperone		Cell Number
Orchestra Director/Chaperone		Cell Number
		EFULLY AND FOLLOW THE DIRECTIONS
1. 2.		
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 21. 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.	•	ers the school will receive all materials for that school.
	Total Number of Stude	nts in All-State x \$32.00 per student = \$
_	(Signature of registering director)	
Ch dir	orus, Orchestra) students are selected into. Your s	ssued to your school for each All-State Ensemble (Band, chool, however, can pre-purchase All-State tickets for other ts and who wish to attend the concert. The price of these
	Number of Direc (in addition to	tor Only Tickets x \$30.00 per ticket = \$ complimentary tickets)
		GRAND TOTAL DUE \$ (Student Registration Fee + Director Only Ticket Amount)

Please submit this form via email on or before November 11, 2025.

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 11, 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!