

Arkansas School Band and Orchestra Association

COLLEGE AND ASSOCIATE REGISTRATION STATEMENT

Please send in a separate form for person --
the money for all teachers at a school may be combined into one check.

Please type or print. – **PLEASE** fill in ALL requested information.

ONLY MEMBERS WHOSE FORMS AND FEES ARE IN BY SEPT 30TH WILL BE INCLUDED IN THE ROSTER.

1. Name	2. Position
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3. School

In addition to submitting this form, you MUST complete all other contact information online on the E-Form

I would be interested in presenting the following clinic or ensemble performance for All-State or ABA:

I would like to recommend the following topic or person for a clinic at All-State or ABA:

**DEADLINE FOR PAYMENT OF FEES IS SEPTEMBER 30TH.
ONLY MEMBERS WHOSE FORMS AND FEES ARE IN BY SEPT 30TH WILL BE INCLUDED IN THE ROSTER.**

COLLEGE/ASSOCIATE MEMBERSHIP FEE - \$15.00

Make check payable and send to: (Please make sure that your office has this address for ASBOA!)	Arkansas School Band and Orchestra Association PO Box 2024 Russellville, AR 72811 FAX 501.421.7994 julia.reynolds@atu.edu
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FOR OFFICE USE ONLY:	REC'D	CASH	PO#	CHECK#
	FROM			AMOUNT