

TENNESSEE MUSIC EDUCATION ASSOCIATION ALL-STATE BAND REGISTRATION



Director (with Student Participants)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Office Phone: _____

E-mail: _____

CHECK
AFFILIATION:

ETSBOA

MTSBOA

WTSBOA

TMEA/MENC
ID#:

EXPIRATION
DATE:

Check one:

CURRENT
NEA/TEA
MEMBER

YES

NO

School Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Principal: _____

Director's Conference Fee: _____ \$40.00

Student Fee(s) _____ Students x \$40.00 _____ \$____.00

WRITE ONE CHECK TO YOUR AFFILIATED LOCAL ORGANIZATION FOR TOTAL AMOUNT.
(Collect forms from students listed on back and give all materials to local Band Chairperson)

TENNESSEE MUSIC EDUCATION ASSOCIATION ALL-STATE BAND REGISTRATION



Student Participant

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

E-mail: _____

Instrument/Part _____

CHECK
AFFILIATION:

ETSBOA

MTSBOA

WTSBOA

School Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Director/Teacher: _____

Student Fee: \$40.00

**THE SPONSORING DIRECTOR/TEACHER IS RESPONSIBLE FOR COLLECTING/PAYING STUDENT FEES.
PLEASE CONTACT YOUR DIRECTOR/TEACHER FOR INSTRUCTIONS.**

INSTRUCTIONS FOR ALL-STATE BAND REGISTRATION:

- (1) COMPLETE THE ALL-STATE BAND REGISTRATION FORM. (PROVIDE ALL INFORMATION.)
- (2) MAKE FEE PAYMENT AS INSTRUCTED BY YOUR DIRECTOR/TEACHER.
- (3) GIVE COMPLETED FORM AND PAYMENT TO YOUR DIRECTOR/TEACHER FOR REGISTRATION.

TENNESSEE MUSIC EDUCATION ASSOCIATION ALL-STATE JAZZ BAND REGISTRATION



Director (with Student Participants)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Office Phone: _____

E-mail: _____

CHECK AFFILIATION:

ETSBOA

MTSBOA

WTSBOA

TMEA/MENC ID#: _____

EXPIRATION DATE: _____

School Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Principal: _____

Check one:

CURRENT NEA/TEA MEMBER

YES

NO

Director's Conference Fee: _____ \$40.00

Student Fee(s) _____ Students x \$40.00 _____ \$____.00

WRITE ONE CHECK TO YOUR AFFILIATED LOCAL ORGANIZATION FOR TOTAL AMOUNT.
(Collect forms from students listed on back and give all materials to local Jazz Band Chairperson)

TENNESSEE MUSIC EDUCATION ASSOCIATION ALL-STATE JAZZ BAND REGISTRATION



Student Participant

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

E-mail: _____

Instrument/Part _____

CHECK
AFFILIATION:

ETSBOA

MTSBOA

WTSBOA

School Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Director/Teacher: _____

Student Fee: \$40.00

**THE SPONSORING DIRECTOR/TEACHER IS RESPONSIBLE FOR COLLECTING/PAYING STUDENT FEES.
PLEASE CONTACT YOUR DIRECTOR/TEACHER FOR INSTRUCTIONS.**

INSTRUCTIONS FOR ALL-STATE JAZZ BAND REGISTRATION:

- (1) COMPLETE THE ALL-STATE JAZZ BAND REGISTRATION FORM. (PROVIDE ALL INFORMATION.)
- (2) MAKE FEE PAYMENT AS INSTRUCTED BY YOUR DIRECTOR/TEACHER.
- (3) GIVE COMPLETED FORM AND PAYMENT TO YOUR DIRECTOR/TEACHER FOR REGISTRATION.

TENNESSEE MUSIC EDUCATION ASSOCIATION ALL-STATE ORCHESTRA REGISTRATION



Director (with Student Participants)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Office Phone: _____

E-mail: _____

CHECK
AFFILIATION:

ETSBOA

MTSBOA

WTSBOA

TMEA/MENC
ID#:

EXPIRATION
DATE:

Check one:

CURRENT
NEA/TEA
MEMBER

YES

NO

School Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Principal: _____

Director's Conference Fee: _____ \$40.00

Student Fee(s) _____ Students x \$40.00 _____ \$____.00

WRITE ONE CHECK TO YOUR AFFILIATED LOCAL ORGANIZATION FOR TOTAL AMOUNT.
(Collect forms from students listed on back and give all materials to local Orchestra Chairperson)

TENNESSEE MUSIC EDUCATION ASSOCIATION ALL-STATE ORCHESTRA REGISTRATION



Student Participant

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

E-mail: _____

Instrument/Part _____

CHECK
AFFILIATION:

ETSBOA

MTSBOA

WTSBOA

School Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Director/Teacher: _____

Student Fee: \$40.00

**THE SPONSORING DIRECTOR/TEACHER IS RESPONSIBLE FOR COLLECTING/PAYING STUDENT FEES.
PLEASE CONTACT YOUR DIRECTOR/TEACHER FOR INSTRUCTIONS.**

INSTRUCTIONS FOR ALL-STATE ORCHESTRA REGISTRATION:

- (1) COMPLETE THE ALL-STATE ORCHESTRA REGISTRATION FORM. (PROVIDE ALL INFORMATION.)
- (2) MAKE FEE PAYMENT AS INSTRUCTED BY YOUR DIRECTOR/TEACHER.
- (3) GIVE COMPLETED FORM AND PAYMENT TO YOUR DIRECTOR/TEACHER FOR REGISTRATION.

TENNESSEE MUSIC EDUCATION ASSOCIATION ALL-STATE SATB CHORUS REGISTRATION



Director (with Student Participants)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Office Phone: _____

E-mail: _____

CHECK AFFILIATION:

ETVA

MTVA

WTVA

TMEA/MENC ID#: _____

EXPIRATION DATE: _____

School Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Principal: _____

Check one:

CURRENT NEA/TEA MEMBER

YES

NO

Director's Conference Fee: _____ \$40.00

Student Fee(s) _____ Students x \$40.00 _____ \$____.00

WRITE ONE CHECK TO YOUR AFFILIATED LOCAL ORGANIZATION FOR TOTAL AMOUNT.
(Collect forms from students listed on back and give all materials to local SATB Chorus Chairperson)

TENNESSEE MUSIC EDUCATION ASSOCIATION ALL-STATE WOMEN'S CHORALE REGISTRATION



Student Participant

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

E-mail: _____

Voice Part _____

CHECK
AFFILIATION:

ETVA

MTVA

WTVA

School Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Director/Teacher: _____

Student Fee: \$40.00

**THE SPONSORING DIRECTOR/TEACHER IS RESPONSIBLE FOR COLLECTING/PAYING STUDENT FEES.
PLEASE CONTACT YOUR DIRECTOR/TEACHER FOR INSTRUCTIONS.**

INSTRUCTIONS FOR ALL-STATE WOMEN'S CHORALE REGISTRATION:

- (1) COMPLETE THE ALL-STATE WOMEN'S CHORALE REGISTRATION FORM. (PROVIDE ALL INFORMATION.)
- (2) MAKE FEE PAYMENT AS INSTRUCTED BY YOUR DIRECTOR/TEACHER.
- (3) GIVE COMPLETED FORM AND PAYMENT TO YOUR DIRECTOR/TEACHER FOR REGISTRATION.

TENNESSEE MUSIC EDUCATION ASSOCIATION ALL-STATE WOMEN'S CHORALE REGISTRATION



Director (with Student Participants)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Office Phone: _____

E-mail: _____

CHECK
AFFILIATION:

ETVA

MTVA

WTVA

TMEA/MENC
ID#:

EXPIRATION
DATE:

Check one:

CURRENT
NEA/TEA
MEMBER

YES

NO

School Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Principal: _____

Director's Conference Fee: _____ \$40.00

Student Fee(s) _____ Students x \$40.00 _____ \$____.00

WRITE ONE CHECK TO YOUR AFFILIATED LOCAL ORGANIZATION FOR TOTAL AMOUNT.
(Collect forms from students listed on back and give all materials to local Women's Chorale Chairperson)

TENNESSEE MUSIC EDUCATION ASSOCIATION ALL-STATE SATB CHORUS REGISTRATION



Student Participant

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

E-mail: _____

Voice Part _____

CHECK
AFFILIATION:

ETVA

MTVA

WTVA

School Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Director/Teacher: _____

Student Fee: \$40.00

**THE SPONSORING DIRECTOR/TEACHER IS RESPONSIBLE FOR COLLECTING/PAYING STUDENT FEES.
PLEASE CONTACT YOUR DIRECTOR/TEACHER FOR INSTRUCTIONS.**

INSTRUCTIONS FOR ALL-STATE SATB CHORUS REGISTRATION:

- (1) COMPLETE THE ALL-STATE SATB CHORUS REGISTRATION FORM. (PROVIDE ALL INFORMATION.)
- (2) MAKE FEE PAYMENT AS INSTRUCTED BY YOUR DIRECTOR/TEACHER.
- (3) GIVE COMPLETED FORM AND PAYMENT TO YOUR DIRECTOR/TEACHER FOR REGISTRATION.

TENNESSEE MUSIC EDUCATION ASSOCIATION ALL-STATE MEN'S CHORUS REGISTRATION



Director (with Student Participants)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Office Phone: _____

E-mail: _____

CHECK
AFFILIATION:

ETVA

MTVA

WTVA

TMEA/MENC
ID#:

EXPIRATION
DATE:

Check one:

CURRENT
NEA/TEA
MEMBER

YES

NO

School Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Principal: _____

Director's Conference Fee: _____ \$40.00

Student Fee(s) _____ Students x \$40.00 _____ \$____.00

WRITE ONE CHECK TO YOUR AFFILIATED LOCAL ORGANIZATION FOR TOTAL AMOUNT.
(Collect forms from students listed on back and give all materials to local Men's Chorus Chairperson)

TENNESSEE MUSIC EDUCATION ASSOCIATION ALL-STATE MEN'S CHORUS REGISTRATION



Student Participant

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

E-mail: _____

Instrument/Part _____

CHECK
AFFILIATION:

ETVA

MTVA

WTVA

School Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Director/Teacher: _____

Student Fee: \$40.00

**THE SPONSORING DIRECTOR/TEACHER IS RESPONSIBLE FOR COLLECTING/PAYING STUDENT FEES.
PLEASE CONTACT YOUR DIRECTOR/TEACHER FOR INSTRUCTIONS.**

INSTRUCTIONS FOR ALL-STATE MEN'S CHORUS REGISTRATION:

- (1) COMPLETE THE ALL-STATE MEN'S CHORUS REGISTRATION FORM. (PROVIDE ALL INFORMATION.)
- (2) MAKE FEE PAYMENT AS INSTRUCTED BY YOUR DIRECTOR/TEACHER.
- (3) GIVE COMPLETED FORM AND PAYMENT TO YOUR DIRECTOR/TEACHER FOR REGISTRATION.