

**All-State High School Choir Clinic
Registration Form
January 12th, 10:00-3:30
\$7.00 per student**

School: _____
Director's Name: _____
School Address: _____
City: _____ Zip: _____
Phone: _____ Email: _____

Number of Students:

Mixed Choir	Treble Choir	Men's Choir
Sopranos: _____	Soprano I: _____	Tenor I: _____
Altos: _____	Soprano II: _____	Tenor II: _____
Tenors: _____	Alto I: _____	Bass I: _____
Basses: _____	Alto II: _____	Bass II: _____

Total Number of Students: _____
Total Amount Enclosed: \$ _____

Send completed Registration form by January 5th to:

TTU
Department of Music and Art
Director of Choral Activities
Craig Zamer
Box 5045
Cookeville, TN. 38505
Make checks Payable to: ACDA