

**All-State High School Choir Clinic  
Registration Form  
January 10<sup>th</sup>, 10:00-3:00pm  
\$8.00 per student**

School: \_\_\_\_\_  
Director's Name: \_\_\_\_\_  
School Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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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: \_\_\_\_\_  
Number for Pizza: \_\_\_\_\_  
Total Amount Enclosed: \$ \_\_\_\_\_

**Send completed Registration form by January 2<sup>nd</sup> to:**

TTU  
Department of Music and Art  
Director of Choral Activities  
Craig Zamer  
Box5045  
Cookeville, TN. 38505  
Make checks Payable to: TTU ACDA