



Please return by September 1st by mail or fax

School Name _____

Band Nickname _____

School Address _____

City _____ *State* _____ *Zip* _____

Sch. Ph. () _____ *Sch. FAX:* _____



Director _____ *Email:* _____

Director Ph. () _____ *Cell:* _____

Assistant Director _____

Special Staff/Expertise _____

Principal _____ *School Size* _____

Drum Major(s) _____

Music Selections _____

No. Winds _____ *No. Perc.* _____ *No. Aux.* _____ *TOTAL Members* _____

No. Buses _____ *No. Equip. Veh. (list kind)* _____

Please mail to: Steve Shelley, Ev. North HS, 2319 Stringtown Road, Evansville, IN 47711

Or Fax to: 812-435-8349