KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION

REGIONAL MUSIC FESTIVAL

SOLOS AND SMALL ENSEMBLES EVENT FORM

CITY/SCHOOL* _____ **CLASS** _____

ADDRESS _____ **ZIP** _____

SCHOOL PHONE ( ) _____ **SCHOOL FAX ( )** _____

Vocal Director _____

Band Director _____

Orchestra Director _____

Your school WILL NOT be allowed to receive award(s) at Regional Festival, if this form is not FAXed to the manager.

RECORD NUMBER	TIME	RM	SOLOIST'S NAME	INSTR/ VOCAL	ENSEMBLE'S NAME	NUMBER STUDENTS	RATING
EXAMPLE 216	12:43	306	J. S. Bach	Trp			
EXAMPLE 687	2:15	100			Talon Madrigals	16	

FAX to manager by 3 p.m. Tuesday, March 24 for March 28 Festival
FAX to manager by 3 p.m. Tuesday, March 31 for April 4 Festival

2008-2009

MU-3B