KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION

STATE MUSIC FESTIVAL - LARGE GROUPS

CHORAL LITERATURE PERFORMANCE FORM

CITY/SCHOOL* _____ **CLASS** _____

ADDRESS _____ **ZIP** _____

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

Choral Director _____ Home Phone ( ) _____ E-Mail address _____

Festival Location _____

DUE TO STATE MANAGER BY MARCH 24

Refer to the ***KSHSAA Music Manual*** for complete details on the use of this form.
Your ensemble(s) **WILL NOT** be allowed to perform in the state music festival if this form is not received by the manager.

List only the required composition title(s)

KSHSAA CODE # _____ **ENSEMBLE NAME** _____

1. Composition Title _____ Level _____
   Composer _____
   Publisher _____
2. Composition Title _____ Level _____
   Composer _____
   Publisher _____

KSHSAA CODE # _____ **ENSEMBLE NAME** _____

1. Composition Title _____ Level _____
   Composer _____
   Publisher _____
2. Composition Title _____ Level _____
   Composer _____
   Publisher _____

KSHSAA CODE # _____ **ENSEMBLE NAME** _____

1. Composition Title _____ Level _____
   Composer _____
   Publisher _____
2. Composition Title _____ Level _____
   Composer _____
   Publisher _____

_____ requests permission to perform the required music selection(s) from the _____ repertoire list.
Name of Large Group *(6A + 5A) (4A + 3A) (2A +1A)*

Reason for request: _____

_____ _____
Director's Signature *Principal's Signature*

2008-2009

MU-4D