KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION

STATE 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 State 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	

* if provided by host, otherwise leave blank

FAX TO MANAGER BY 3 P.M. TUESDAY, APRIL 21

MU-5B

2008-2009