WEDNESDAY NIGHT ROOMING FORM

This form is due by December 4th or we cannot guarantee you a room. This form is to be e-mailed or faxed to :

Joyce Rigdon

101 Reid Rd, Lot 16

Laurel, MS 39443

Fax: 601-425-4062

E-Mail : [willierigdon@comcast.net](mailto:willierigdon@comcast.net)

Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Band Director;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (This only if you would like to be contacted at home)

Best Time of Day to be contacted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**This is very important in order if we have a problem.)**

Name students from my school attending the clinic Gender of Student

Names of students from other schools that will arrive on Wed. night my students would like to room with **if possible!!!**

***NAME OF STUDENTS SCHOOL GENDER OF THE STUDENT***

***THANK YOU VERY MUCH FOR SENDING THIS INFORMATION. Please Only e-mail, OR FAX (601-425-4062) , Do Not mail! I WILL ENTER THE REQUEST AS I RECEIVE THEM. DO NOT SEND THE MONEY, BRING IT WITH YOU WEDNESDAY NIGHT!!! All money will be paid to the MBA via Sid McNeil, 1st VP, Mississippi Bandmasters Association. We try to honor all request for roommates but sometimes there are two different schools wanting to stay with the same school. The first one I received is the way they are put together. Thank you for your help with matter.***

***Thanks.***

*Joyce & Willie Rigdon*