COMPLETE THIS FORM AT THE BEGINNING OF THE YEAR!

BAND BULLETIN IV *(pages 8 – 11)*

COMPLETE THIS FORM AND RETURN TO THE MHSAA BY SEPTEMBER 15, 2014

STATE BAND EVALUATION

- Concert and Sight Reading**: March 24-28, 2014**
- Sites: 1A, 2A, 3A, 5A – Ridgeland High School / 4A, 6A – Pearl High School
- State Regional Marching Evaluations - Held at Assigned Sites – Date: **October 12, 2013**

No school will be allowed to participate in the State Band Evaluation unless information is received or envelope containing information is postmarked prior to or not later than the deadline, **September 15, 2013.** Please refer to Section F, Band Organization Administration Rules and Regulation, Rule 14 (5) (d) of the *Band Information Manual*, which reads as follows: "Late entrants will be accepted by paying $100.00." You must specify the CLASSIFICATION in which you plan to enter the State Band Evaluation**.**

You must furnish concert scores for all numbers (warm-up, selected, and required). Have three scores of each – one for each concert adjudicator. PLEASE HAVE YOUR BAND'S NAME ON THE SCORES ENCLOSED IN A LARGE ENVELOPE; AND BRING THEM WITH YOU TO THE STATE BAND EVALUATION.

1. **Will your second band participate? (Yes) _____(No) _____ (If "Yes", submit page 11)**

2. Name of School_____

3. Band Director_____Tel_____

4. Email address:_____Cell Phone No._____

5. Principal _____Tel_____

_____Number of Band members participating in the State Band Evaluation @ **$5.00** each, including majorettes and drum major(s) …….$_____

_____ Drum major(s), **only if to be adjudicated,** @ **$5.00** each ……...$_____

__X__ Concert Site Location Fee (Pearl / Ridgeland) (Required)……...$_____**40.00**

TOTAL AMOUNT REMITTED ----------$_____

Make check / Purchase Order to MHSAA

6. School Classification _____ (6A, 5A, 4A, 3A, 2A, 1A)
   (Higher Classification (if you choose)

7. Drum Major(s) Name(s) _____

8. **Number of Concert Band Members** _____

9. Our school is _____ miles from Jackson, MS.

10. MARCHING SITE _____

COMPLETE AND MAIL WITH FEES TO:
MHSAA
1201 Clinton-Raymond Road
P.O. Box 127
Clinton, MS 39060
FAX: 601.924.1725

_____
Principal's Signature

_____
Band Director's Signature

MHSAA Office Use Only

Check No._____ Date_____

From_____

P. O. No._____ Date_____

Amount_____

Date Deposited_____

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SECOND BAND PARTICIPATION

All schools with second bands participating in the State Band Evaluation must complete this form and return to the MHSAA no later than September 15, 2014. Please read Section F, Rule 7 (f) regarding high school second bands.

Name of School_____

Name of Band Director _____Telephone _____

Name of Principal _____ Telephone _____

_____Number of concert second band members participating

_____ Number of marching second band members participating, including drum major(s)

Drum Major(s) Name(s)_____

School Classification _____ (6A, 5A, 4A, 3A, 2A, 1A)

PERFORMANCE PREFERENCE:

_____ Same day as first band

_____ Within class

_____ First day

Our school is _____ miles from Jackson, MS.

COMPLETE AND MAIL TO:
MHSAA
1201 Clinton-Raymond Road
P.O. Box 127
Clinton, MS 39060
FAX: 601.924.1725

_____
Principal

_____
Band Director