

BAND BULLETIN IV
from the MHSAA Band Handbook
COMPLETE AND RETURN THIS FORM TO THE MHSAA BY SEPTEMBER 15TH, 2016
MHSAA 1201 Clinton-Raymond Road P.O. Box 127 Clinton, MS 39060

STATE BAND EVALUATION

State Regional Marching Evaluations - Held at Assigned Sites – Date: **October 8, 2016**

Concert and Sight Reading:

- Regions: North Site-Tupelo High School
 Central Site-Pearl High School
 South Site-Oak Grove High School

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, 2016**. 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.**

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 \$ _____

Concert Site Location Fee (Oak Grove/Pearl /Tupelo) (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 _____

MHSAA Office Use Only	
Check No. _____	Date _____
Form _____	
P.O. No. _____	Date _____
Amount _____	Deposited _____