



Mississippi Bandmasters Association

www.msbandmasters.com

MBA State Band Clinic Student Fee Invoice

INVOICE

PO # _____

Please Complete the following information:

School Name: _____

Band Director Name: _____

MBA State Band Clinic Student Fee is \$120 per student for the clinic.
Optional Wednesday Night Fee is an additional \$50 per student for housing on
Wednesday night.

Item	Quantity (No. of Students)	Cost Per Student	Total Cost
Student Clinic Fee	_____	X \$120 =	\$ _____
Wednesday Night Fee	_____	X \$50 =	\$ _____
	GRAND TOTAL:		\$ _____

Please remit payment to:

Mississippi Bandmasters Association
Sharon Laird
1st Vice President, MBA
5198 Old Hwy 11
Hattiesburg, MS 39402