

COMPLETE THIS FORM AND SEND TO MHSAA BY SEPTEMBER 15TH.

BAND BULLETIN IV
STATE BAND EVALUATION

- Concert and Sight Reading: April 9 - 12 and April 16 - 19, 2018
- Sites: Central Region @ Pearl – April 9 - 12 / North Region @ Tupelo – April 16 - 19 / South Region @ Oak Grove – April 16-19
- State Regional Marching Evaluations - Held at Assigned Sites – Date: October 14, 2017

*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**. 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.

*All Middle School Bands who participate in concert evaluation must complete this form, submit the MHSAA \$5.00 per student fee, and submit the \$75.00 site fee.

***You must furnish original concert scores (No copies) 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 next page)

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 **Marching** Band Evaluation
@ \$5.00 each, including auxiliaries, and drum major(s)\$ _____

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

X Required Concert Site Fee – Pearl, Tupelo, Oak Grove (Circle one)\$ **75.00**

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)

Complete and mail form/fees/P.O. to:
MHSAA
Attn. Jeff Cannon
P.O. Box 127
Clinton, MS 39060
Fax 601.924.1725

8. Number of Concert Band Members _____

9. Our school is _____ miles from Concert Site

10. MARCHING SITE _____

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

Principal's Signature

Band Director's Signature

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, 2015**. Please read Section F, Rule 7 (f) regarding high school second bands.

Name of School _____

Name of Second Band Director _____ Cell phone _____

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 of your region

Complete and mail / Fax form to:

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P.O. Box 127
Clinton, MS 39060
Fax 601.924.1725

Principal

Band Director