



# Mississippi Bandmasters Association

[www.msbandmasters.com](http://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 \$130 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 \$130 =	\$ _____
Wednesday Night Fee	_____	X \$50 =	\$ _____
	GRAND TOTAL:		\$ _____

**Please remit payment to:**

Mississippi Bandmasters Association  
P.O. Box 5217  
Brandon, MS 39047