

MBA State Band Clinic Student Fee Invoice

INVOICE

PO	#_	 			
PO	#				

Please Complete the following information:

School Name:_____

Band Director Name:_____

MBA State Band Clinic Student Fee is \$200 per student for the clinic. (This fee includes housing for Wednesday-Friday evening of MBA State Band Clinic.)

ltem	Quantity (No. of Students)	Cost Per Student	Total Cost
Student Clinic Fee		X \$200 =	\$

<u>Please remit payment to:</u>

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