

2010 CMBDA Regional 6-8 Honor Band Nomination Form

Your Name: _____
School Name: _____
School Address: _____
Email: _____
School Phone: _____

___ I am willing to be a section coach. Instrument _____

- Student nominations of current MBDA members will only be considered
- A minimum of one student per school will be selected to participate
- Selection is based on Director ranking and instrumentation needs

Director's Signature _____
By signing, I verify that I am a member in good standing of MBDA and that these students are members in good standing of their school band.

Ranking	Student Name	Instrument	Suggested Part
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____

*Mail Nomination Form by **October 15** to:*

Terri Svec
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1300 Highway 25 North
Buffalo, MN 55313
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