

SCMBDA Beginning Band Festival, 2010 Nomination Form

Student Name _____

Student Address _____

Student Phone number _____

Student Instrument _____

How long have you played this instrument? (Must be less than 12 months) _____

We understand that we are making a commitment to attend the MBDA Beginning Band Festival on the date and at the location indicated below. This student will be able to attend this festival from 8:15 am until 12:30 PM. We further understand that we will be responsible for transportation, lodging and supervision before and after the festival.

student signature

parent signature

I would like to attend the band festival at:

- Edina, South View Middle School on Saturday, May 1st

This portion to be completed by band director:

I nominate the above student to be a participant in the MBDA Beginning Band Festival. This student has demonstrated outstanding conduct and dedication in my program.

Band Director's Signature _____

(This signature verifies that I am a member in good standing with MBDA and that this is a student that I currently teach in my school band program.)

Name of band director (please print) _____

E-mail address _____

Name of school _____

Address of school _____

Be sure to return this form, along with a **check to MBDA for \$15** to your band director as soon as possible – **we will accept nominees on a first come, first serve basis!** No nominations will be accepted if postmarked after April 3rd. If you are not accepted, your check will be returned.

Nomination forms and checks should be mailed to:

Geneva Fitzsimonds
South View Middle School
4725 South View Lane
Edina, MN 55424