

**6-8**

**SOUTHWEST MBDA REGIONAL  
HONOR BAND NOMINATION FORM**

**February 21, 2009**

<b>Director Name:</b>	
<b>School Name:</b>	
<b>School Address:</b>	
<b>Email:</b>	
<b>School Phone:</b>	

*\*I am willing to serve as a section coach for this event.    \_\_\_ Yes    \_\_\_ No*

*\*Major instrument I play: \_\_\_\_\_*

- 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.*

<b>Rank</b>	<b>Student Name</b>	<b>Instrument</b>	<b>Grade</b>	<b>Suggested Part</b>	<b>Comments that may help us better place this student.</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					

(Feel free to continue comments on the back of this sheet.)

*Mail Nomination Form to:  
Dr. John Ginocchio, SWMBDA Regional Honor Band Chair, 1501 State St., Marshall, MN  
56258, by November 14, 2008.*