

9-10

**SOUTHWEST MBDA REGIONAL
HONOR BAND NOMINATION FORM**

February 21, 2009

Director Name:	
School Name:	
School Address:	
Email:	
School Phone:	

**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.

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

(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.*