University Interscholastic League

Area Marching Band Contest

Official Entry Form

School: _____

Address: _____

City: _____ Zip _____

Director: _____ E-mail _____

School Phone: _____ Cell Phone: _____

Conference 2A Region _____ Area D

School District _____

Certification: I hereby certify that the students competing in the University Interscholastic League Area Marching Band Contest are eligible under Subchapter M of the *Constitution and Contest Rules.*

_____ _____

Signature of Principal Date

NumberofStudentsParticipatinginCompetingBand _____

Amount of fees attached or paid prior to competition **$ 250.00**

Hand deliver the check at contest check-in.

Make checks payable to: **UIL Area D Marching**
c/o Gerald Babbitt
222 Maple Drive
Mountain City, TX 78610

PLEASE COMPLETE, SAVE, & EMAIL THIS FORM AS SOON AS POSSIBLE FOLLOWING YOUR REGION CONTEST TO: tcreg8@gmail.com TONY CLINES, UIL AREA D, CLASS 2A MARCHING CONTEST.