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				
Signature of Prin	onstitution and Contest I		Date	_
~1 g 0111			2	
Number of Students Part	icipating in Competing	Band		
AmountofFeesAttachedo	orPaidPriortoCompetitic	on \$ 40	0.00_	
Hand deliver the check				
	at contest check-in.			

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.