

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

Number of Students Participating in Competing Band _____

Amount of fees attached or paid prior to competition \$ -0-

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.