

BAND REGISTRATION FORM

Ohio University Honor Band and Choir Festival

Please list the names of your students who will be auditioning for the Ohio University Honor Band. Please be certain that you provide all necessary information for all students. Upon receipt of this list, your students will be assigned audition times. A master audition schedule for your school will be mailed to you. Feel free to duplicate this sheet if you need additional space.

Please return this form with the \$5.00 audition fee by FRIDAY, OCTOBER 20, 2006.

Director's name 1. _____

2. _____

School _____

School Address _____

School Phone (_____)_____ Home Phone (_____)_____

E-mail _____

(scheduling information will be sent by email)

Location where your students will be auditioning _____

Student's Name	Voice Part	Grade	Home Phone	Preferred Aud. Time
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1 _____	_____	____	_____	_____
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2 _____	_____	____	_____	_____
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3 _____	_____	____	_____	_____
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4 _____	_____	____	_____	_____
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5 _____	_____	____	_____	_____
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6 _____	_____	____	_____	_____
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7 _____	_____	____	_____	_____
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8 _____	_____	____	_____	_____
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9 _____	_____	____	_____	_____
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10 _____	_____	____	_____	_____
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By OCTOBER 20, please return this form with the \$5.00 audition fee for each scheduled audition to:

Ohio University Honor Band & Choir Festival
School of Music – Glidden Hall
440 Music Building
Athens, OH 45701