

Northern California Band Association

CONCERT/JAZZ BAND FESTIVAL

Del Mar High – San Jose, Ca. Saturday, April 28th, 2012

ENTRY FORM

School Name _____ Phone & Ext.(_____)

Director's Name _____ Home Phone (_____)

School E-Mail Address _____ School Fax(_____)

School Address _____

Number Street

City State Zip

List of Group(s) to Perform:

Name of FIRST Group #1 _____ Number of Musicians? _____

Placement in School Program : _____ (Advance, Intermediate, Beginning,

Prominent Grade Levels? _____ Rehearsal Hours Per Week: _____

Please Check ONE Option: _____ Sight Reading _____ Clinic
(Sight Reading required for Unanimous Superior Rating)

Name of SECOND Group #1 _____ Number of Musicians? _____

Placement in School Program : _____ (Advance, Intermediate, Beginning,

Prominent Grade Levels? _____ Rehearsal Hours Per Week: _____

Please Check ONE Option: _____ Sight Reading _____ Clinic
(Sight Reading required for Unanimous Superior Rating)

Additional Information To Assist The Adjudicators: _____

Cancellations at or after the deadline NO refunds will be issued

– FEE Includes an Awards Plaque –

Preferred Time: (Check) Morning _____ Afternoon _____ Evening _____

APPLICATION DEADLINE: Friday – March 12, 2012

Make checks payable to NCBA:
Mail Checks & Forms To:
NCBA FESTIVAL CHAIRMAN
C/O Art Rowland Nielson
980 St. Francis Way, Ukiah, CA 95482

First Group	\$150.00	\$ _____
Second Group	\$150.00	\$ _____
Third Group	\$150.00	\$ _____
NCBA Dues (If not paid)	\$45.00	\$ _____
Total Enclosed		\$ _____
Please, NO Purchase Order		

