

Registration Form - DWS Invitational Windband Festival

School Name _____ School District _____

Director Name (as you would have it in our program) _____

Assistant Director(s) _____

Mailing address _____

City _____ State _____ ZIP _____

Director's school phone _____ Cell phone _____

Fax _____ Director's email _____

School Classification ___5A ___4A ___3A and under ___CCC ___CC ___C ___BBB

School Enrollment _____ Program Enrollment _____

(Large School classification is 5A and 4A, Small School is 3A and under, All Middle schools and Junior Highs are classified together)

Performance Preferences

First Choice

Friday Saturday 8:00am-noon 10:00am-2:00pm 2:00pm-5:00pm
 April 13, 2012 April 14, 2012

Second Choice

Friday Saturday 8:00am-noon 10:00am-2:00pm 2:00pm-5:00pm
 April 13, 2012 April 14, 2012

Ensemble Full Band Name	Director First Name	Director Last Name	Number of performers

How Many Attendees: Performers? _____ Directors? _____ Others? _____

Registration Fee:

Number of Ensembles _____ x \$1,350 Per Ensemble = \$ _____ Total Fees

**▶▶ Mail this form with a \$150 per-ensemble deposit to:
 DWS Invitational, P.O. Box 595026, Dallas, TX 75359-5026 ◀◀**

Receipt of this form and a non-refundable deposit of \$150 per-ensemble, will begin participant registration. You will be sent the balance of your registration forms and a payment schedule soon after reserving a spot. Registration is complete when the balance of the fee is received in the Dallas Wind Symphony office along with remaining forms and a fully executed contract.