

**Fourth District Band Directors Association
High School and Middle School All-District Band Registration Form**

Audition # _____

PRINT

Student Name _____ **Instrument** _____
Student Grade Level _____

Complete this form and bring to registration on the day of audition. This form must include a parent signature and the signature of your band director before you can register.

I, the undersigned, agree that, if selected for membership in All-District Band, I will be present at all rehearsals of my band. I understand that my absence from any rehearsal will result in my immediate dismissal from the All-District Band.

Dates for this year's All District Band are: _____

Location for this year's All-District Band is: _____

Student Signature

Parent Signature

Director's Signature

School

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