



District Large Group Performance Assessment Registration

ALABAMA VOCAL ASSOCIATION

PLEASE TYPE OR PRINT

School _____ Phone () _____ District _____
School Address _____ City _____ Zip _____
Fax () _____ Email Address _____
Director _____ Email Address _____
Home Address _____ City _____ Zip _____
Cell Phone () _____ Home Phone () _____

LIST CHOIRS BELOW IN ORDER OF PERFORMANCE PREFERENCE

Table with 6 columns: NAME OF CHOIR, PERFORMANCE VOICING, SR VOICING, # STUDENTS, FEES, TOTAL. Includes rows for individual choir entries and a summary row for TOTAL FEES.

Requested date and time for performance (include potential scheduling conflicts):

Enclose a school check for the above amount made payable to Alabama Vocal Association. Registration form and fees should be sent to the district chair. Purchase orders will be accepted with registration. A school check for the original number of students registered must be received by registration on the day this assessment begins.

I have read and understand the Standing Rules of the AVA handbook pertaining to District Performance Assessment. I certify that the above information is correct and that the amount enclosed for fees is the correct amount due.

Date _____

Choral Director's Signature _____

Principal's Signature _____