



Outstanding Choral Student/Accompanist Registration Form

ALABAMA VOCAL ASSOCIATION

PLEASE TYPE OR PRINT

School _____ Phone _____ District _____

School Address _____ City _____ Zip _____

Fax () _____ Email Address _____

Director _____ Home Phone () _____

Home Address _____ City _____ Zip _____

Cell Phone () _____ Email Address _____

Name (s) of Student (s) for Outstanding Choral Student		FEES	TOTAL
1.	_____ @	\$10.00	_____
2.	_____ @	\$10.00	_____
3.	_____ @	\$10.00	_____
4.	_____ @	\$10.00	_____
5.	_____ @	\$10.00	_____
6.	_____ @	\$10.00	_____
7.	_____ @	\$10.00	_____
8.	_____ @	\$10.00	_____

Name (s) of Student (s) for Outstanding Accompanist		FEES	TOTAL
1.	_____ @	\$10.00	_____
2.	_____ @	\$10.00	_____
3.	_____ @	\$10.00	_____

TOTAL STUDENTS _____ @ \$10.00

SCHOOL FEE \$40.00

LATE FEE \$50.00

TOTAL FEES _____

Date _____ Choral Director's Signature _____

Principal's Signature _____

Director: Mail this form WITH FEES and a copy of MENC card to District Chairman 4 weeks prior to audition date. Bring 3 copies of resume to registration. Please refer to Procedure Page P-9 for further instructions.