

ALL-STATE BAND CLINIC

Registration / Cancellation Form

This form must be mailed to Leah Cordé by Friday, February 10, 2012.

Address: Leah Cordé, 1141 Kelly Mill Rd, Blythewood, SC 29016

REGISTRATION FEE: \$10.00 per student / seated or alternate Make checks payable to: **SCBDA**

(Check one)

Director's Signature _____

Will Attend	Won't Attend	NAME	LEVEL	CHAIR	INSTRUMENT	SCHOOL
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(You may copy this form as needed.)