Director Registration Form
All-District Clinic
200___

Please **type** and **return** this form to the appropriate clinic chairperson when you register on Friday. You are not required to mail this form this year. You should also include a ***student medical history form*** and a ***student release form*** for each All- District participant. (please sort the forms by band) **Also include the clinic fee of $18.00 per student for each student** (remember, this is now the fee for middle school students also). Fees should be paid by a school or band booster check only! Please make checks payable to NCBA Eastern District. * High School Bands list your students in score order 9-10 band first, then 11-12 band. You may pay for both bands with one check.

Director_____

School_____

Students: score order by band – MS-C, MS-S, HS 9/10, HS 11/12

Name	**Instrument**	**Band**

Total # of Students_____

Fees Paid ($18.00 per student)_____

MS Clinic Chair	***9/10 Clinic Chair***	***11/12 Clinic Chair***
Kim Barclift	*Chris Howard*	*Chris Whitehurst*
C.M. Eppes MS	*Jacksonville HS*	*Perquimans High School*
Email	*Email*	*Email*
252-757-2160 – school	910-346-4011 - school	252-426-5778 ext 276 - school
252-353-5997 - home	910-324-4559 - home	252-426-1585 - home