Park Hill District Marching Band Festival

Registration Form and Invoice

Please return (e-mail, fax or postal mail) to David Potter by August 1st, 2014.

Kansas City, MO 64153

Your registration will be considered confirmed upon receipt of this registration form AND registration fee.

School Name:	
Band Name:	
School Address:	
Director/Staff Name(s):	
Head Director's School Phone #:	Cell Phone #:
Head Director's E-Mail:	School Fax #:
Band Classification – Based on total school enrollment for grades 9-12 only . (You may elect to participate in a larger class if you wish – simply indicate if you would like to do so). There will be 2 or 3 total classes.	
	d you like to compete 1 class higher (if applicable)? s, for which event(s)?
Would you like to compete in prelims/finals format? Yes No	
Please put an "X" in the appropriate box(es).	
Field Portion Competitive Comments Only	
Fees – Please make checks payable to "Park Hill Band Backers"	
Please put an " X " in the appropriate box(es).	
Field (\$200)	
Park Hill High SchoolE-mAttn.: David PotterPho	HER CONTACT INFORMATION: nail: potterd@parkhill.k12.mo.us one: 816-359-6300 : 816-359-4119