

Susquehanna University
 Twenty-eighth Annual Honors Band Festival
 Application



Print Legibly

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
City		State
<input type="text"/>		<input type="text"/>
Home Phone		Cell Phone
<input type="text"/>		<input type="text"/>
Email Address		
<input type="text"/>		
High School		
<input type="text"/>		
Instrument		
<input type="checkbox"/> flute	<input type="checkbox"/> oboe	<input type="checkbox"/> trumpet/cornet
<input type="checkbox"/> clarinet	<input type="checkbox"/> bassoon	<input type="checkbox"/> horn
<input type="checkbox"/> alto clarinet	<input type="checkbox"/> alto saxophone	<input type="checkbox"/> trombone
<input type="checkbox"/> bass clarinet	<input type="checkbox"/> tenor saxophone	<input type="checkbox"/> euphonium (treble or bass cleff?)
<input type="checkbox"/> E♭ contra alto clarinet	<input type="checkbox"/> bari saxophone	<input type="checkbox"/> tuba
<input type="checkbox"/> B♭ contra bass clarinet		<input type="checkbox"/> percussion (snare drum)
		<input type="checkbox"/> percussion (mallets)
		<input type="checkbox"/> percussion (timpani)
		<input type="checkbox"/> string bass
		<input type="checkbox"/> other _____
		(i.e. piccolo, English horn, etc.)
Grade: <input type="text"/>	Chair in H.S. Band: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
		T-shirt size: S M L XL XXL
Briefly describe your activities and honors related to band. Please list your highest chair obtained in County, District, Regional or All-State Band festivals. Also include prior participation in the Susquehanna University Honors Band Festival. You may continue on the back or on a separate sheet if necessary.		
Director's Confidential Recommendation		
I have recommended _____(Total Number) students for the 2019 Susquehanna University Honors Band Festival. This students ranks number _____of those recommended. (i.e. 3 or 1 etc. out of the total number of recommended students) My rating of this student is (check one): <input type="checkbox"/> Superior (Top 10% of students ever taught on this instrument) <input type="checkbox"/> Excellent (Independent, strong player) <input type="checkbox"/> Good (Solid section member and contributor)		
Director's Comments		
Director's Name (Please Print Clearly)	School Address	
Director's Signature	City, State, Zip	
Director's email	School Telephone Number	