



## CONCERT BAND MAIL-IN REGISTRATION

Name of band:	
# of chairs/stands needed:	Level: Intermediate Middle

Contact person:	
Contact email:	Cell phone:

Selections to be performed (up to two, 12-minute time limit):	
1) Piece:	
Composer:	Length of piece:
2) Piece:	
Composer:	Length of piece:

Special requests/needs:

Mail this registration form and \$50 fee (checks only, no refunds) to:

SUPAF  
PO Box 1111  
St George UT 84771