

## PERCUSSION MAIL-IN REGISTRATION

| Name of group:                         |                  |             |        |    |    |     |
|--|------------------|-------------|--------|----|----|-----|
| # of chairs/stands needed:             |                  |             | Level: | HS | MS | Int |
| Adjudication only (waive competition): | yes              | no          |        |    |    |     |
| [                                      |                  |             |        |    |    |     |
| Contact person:                        |                  |             |        |    |    |     |
| Contact email:                         |                  | Cell phone: |        |    |    |     |
|  |                  |             |        |    |    |     |
| Selection to be performed:             |                  |             |        |    |    |     |
| Composer:                              | Length of piece: |             |        |    |    |     |
| [                                      |                  |             |        |    |    |     |
| Special requests/needs:                |                  |             |        |    |    |     |
|  |                  |             |        |    |    |     |
|  |                  |             |        |    |    |     |
|  |                  |             |        |    |    |     |
|  |                  |             |        |    |    |     |
|  |                  |             |        |    |    |     |
|  |                  |             |        |    |    |     |
|  |                  |             |        |    |    |     |

Mail this registration form and \$40 fee (checks only, no refunds) to:

SUPAF PO Box 1111 St George UT 84771