LOUISIANA MUSIC EDUCATORS ASSOCIATION
ALL-STATE ORCHESTRA AUDITION REGISTRATION FORM

PRINT NEATLY

Student Name _____
Last First Middle Initial

Your Instrument_____

Home Mailing Address _____
Street

_____
City State Zip

Phone (____)_____

School _____Grade in School_____

Director (Sponsor) _____

Sponsor's School Address _____
Street

_____
City Zip

Phone (____)_____

Note: If there is no orchestra program at your school, provide the name, address, and phone number of your LMEA-member sponsor in the above spaces. Sponsors must be members of LMEA. (Please include a photo copy of your sponsor's membership card.)

INCLUDE $12.00 REGISTRATION FEE WITH THIS FORM.