

**Massachusetts Music Educators' Association
Central District
High School Participation**

School Name: _____

Director Name: _____

Phone: _____

Billing Address

Participating Students

Chorus _____

Band _____

Orchestra _____

Jazz _____

Total Students _____ x \$18.00 (\$25.00 Non-member) = \$ _____

Must be post marked by December 11, 2009

Late Fee (\$50.00) _____ **Total** _____

Check Enclosed _____ **PO #** _____ (Enclose copy)

**(A Late Fee of \$50.00 will be assessed any school failing to meet the deadline
of December 11, 2009)**

Complete and mail this form to:

**Henry P. Morel
Treasurer, CDMMEA
97 Ward Street
Woonsocket, RI 02895**