

*Massachusetts Music Educators
Association
Central District*

HS All School
Audition Recap

School Name: _____

Director Name _____ Phone _____

Participating Students

Chorus _____ Band _____ Orchestra _____ Jazz _____

Total Students _____ X \$7.00 (\$10.00 Non-member) = \$ _____

Must be post marked by the third Wednesday in October.

Late Fee (\$50.00)

Total _____

Check Enclosed _____ Purchase Order # _____
(Enclose Copy)

(A Late Fee of \$50.00 will be assessed any school failing to meet the
deadline of the third Wednesday in October for payment)

Complete and mail this form to:

Steve Archambault
662 Page Street
Lunenburg, MA 01462