

Massachusetts Music Educators' Association
Central District
Junior Festival Participation Form

School Name: _____

Director's Name: _____

Phone #: _____ - _____ - _____

Billing Address: _____

Participating Student Musicians:

(Please mark
Non-participating
Students on back)

Chorus: _____

Band: _____

String: _____

Jazz: _____

Total Students _____ x \$15 (\$20 Non-Members) = \$ _____

Must be post marked by the first Friday in March

Late Fee (\$50) _____ Total _____

Check enclosed # _____, PO# _____ (enclose copy)

Complete and mail this form to:

Henry Morel, Treasurer, CDMMEA
97 Ward Street
Woonsocket, RI 02895