2020 NYSBDA Honor Band Application Confirmation Page

Please sign and return this form along with physical copy the Spring 2019 NYSSMA Solo Festival Evaluation Form for the student applying. If a student is applying for multiple ensembles, please submit a separate form for each entry. Forms should be postmarked and mailed to the appropriate chairperson no later than October 1, 2019.

Student Name: _____

Ensemble (Please circle one)

Middle School Honor Concert Band Omar Williams NYSBDA MS Honor Concert Band 296 4th Street Troy, NY 12180	High School Honor Concert Band Jason Rottkamp NYSBDA HS Honor Band c/o Riverhead High School 700 Harrison Ave. Riverhead, NY 11901	High School Honor Jazz Ensemble Timothy Savage, NYSBDA HS Honor Jazz Ensemble 6 East Drive Canton, NY 13617
NYSBDA honor bands, and spe	gible for consideration as per the re ecific ensemble criteria. Selected sto the concert. Each director of a sele nt supervision.	udents must be able to
(Student signature)		(date)
(Band Director signature)		(date)
(Administrator signature)		(date)
(Parent signature)		(date)