

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) _____ MENC ID number _____

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.**

INCLUDE \$10 REGISTRATION FEE WITH THIS FORM.