SUMMARY FORM - FEES DUE
ORGANIZATION EVENTS

School... Class................ Director..

Address.. City.. State........................ Zip......................

School Phone.. Home Phone.. Date..

Check applicable events:

_____ Marching   _____ Concert & Sightreading

GROUP NAME	1st Group	2nd Group (check one)	Sightreading Voicing	No. of members in this group (est.)	Entry fees for this group
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total fees........ $_____

Check No. _____   Amount $_____

Note **Vocal** : Be sure to fill in the "Sight-reading voicing" and "No. of members in this group" columns. This is important information used in ordering the sight-reading music that you will sing at contest.

Note **Band/Orchestra** : Be sure you fill in the "No. of members in this group" column. The host needs this information when calculating the number of chairs and stands required for the contest.