

University Interscholastic League
Area Marching Band Contest

Official Entry Form

School: _____

Address: _____

City: _____ Zip _____

Director: _____ E-mail _____

School Phone: _____ Fax: _____

Conference _____ Region _____ Area _____

School District _____

Certification: I hereby certify that the students competing in the University Interscholastic League Area Marching Band Contest are eligible under Subchapter M of the *Constitution and Contest Rules*.

Signature of Principal

Date

Number of Students Participating in Competing Band _____

Amount of fees attached or paid prior to competition \$ 250.00

PLEASE FAX THIS FORM AS SOON AS POSSIBLE FOLLOWING
YOUR REGION CONTEST TO: 254-662- 6480
TONY CLINES, UIL AREA D, CLASS AA MARCHING CONTEST.

You may also scan and email your entry form to tcreg8@gmail.com.