

WSMA State Marching Band Festival Class Registration Form

Today's Date ___/___/___ Contact Person _____

Daytime Phone (_____) _____ Cell Phone (_____) _____

Email _____@_____

School _____ WSMA Account # _____

Address _____

City _____ State _____ Zip _____

Name of Band _____ # of Members in Band _____

ELIGIBILITY CERTIFICATION: *I hereby certify that the data submitted on the above registration blank is correct to the best of my knowledge. Students entered in the above group meet the eligibility requirements of our school and of the Wisconsin School Music Association as stated in the WSMA State Marching Band Championship Handbook available on-line at:
www.wsmamusic.org/programs/marching_band/index.html.*

Principal Signature _____ Date _____

WSMA State Marching Band Registration Fee is \$153

____ Registration Fee Sent Previously

____ Registration Fee enclosed

____ P.O. Number _____



Please return this form to:
Wisconsin School Music Association
ATTN: Tim Wurgler
1005 Quinn Drive
Waunakee, WI 53597
608-850-3566/1-800-589-9762/Fax 608/850-3515
www.wsmamusic.org

