



PENNSYLVANIA MUSIC EDUCATORS ASSOCIATION

2024 All-State Concert Band Festival

School Acknowledgement Form

**Must be completed and signed by the principal*

**This form is to be used ONLY for students participating in All-State Concert Band.*

School Name (print/type; no abbreviations): _____

Director's Name (print/type): _____ **School Phone #: ()** _____

Student Name(s) (please print or type):

**Additional names may be listed on the back if needed*

- | | |
|----------|-----------|
| 1. _____ | 8. _____ |
| 2. _____ | 9. _____ |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

We, the undersigned, verify that the student(s) whose name appears on this document is a member, as determined by their director, of the same performing organization at their home school. We understand that the school will arrange transportation with parent/s/guardian's cooperation and understanding to this event. (Students are **NOT** permitted to drive during a PMEA festival). We endorse the student(s) as an outstanding musician(s) and student(s) worthy of PMEA Festival participation. We will assist the student(s) in preparing the music selected for the program.

Director's Signature

Date

School Principal's Signature

Date

Please list below the name and title of the PMEA member/director from your school district who will be attending this PMEA All-State Festival and will assume responsibility for the student(s) listed above, accompany the student(s) to On-Site Registration and serve on the Audition Committee (if applicable). Each student is required to have a PMEA Member accompany them to registration.

Director Name: _____ **Position:** _____

Cell Phone #: () _____ **Primary Email Address:** _____

***Please return completed form to PMEA All-State Coordinator Mary Lynne Peters in the provided envelope (or email to allstate@pmea.net) by Wednesday, April 10**