

# Asbury University All-Star Band Clinic

Thursday-Saturday, November 16-18, 2017

**NEW THIS YEAR – ONLINE APPLICATION AVAILABLE AT:**

**<https://www.asbury.edu/academics/departments/music/all-star-band-clinic>**

*(Please Type or Print Neatly!* The application must be completed in full, including all requested signatures.)

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

E-Mail Address (print neatly please) \_\_\_\_\_

School name \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_\_

School address (city, state, zip) \_\_\_\_\_

Band Director's name \_\_\_\_\_ Band Director's email \_\_\_\_\_

Present Grade in School \_\_\_\_\_ Male or Female \_\_\_\_\_ T-Shirt Size: XL\_\_\_\_, L\_\_\_\_, M\_\_\_\_, S\_\_\_\_

What instrument do you play? \_\_\_\_\_ Chair position (ex. 2nd of 10) \_\_\_\_\_

⇒(NOTE: Percussionists should list all major instruments. Saxophonists list which—alto, tenor, or baritone. Euphoniums – please specify clef preference – TC or BC)

Ever selected for All-District Band? \_\_\_\_\_ When? \_\_\_\_\_ All-State? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been selected for the Asbury Univ. All-Star Band Clinic? \_\_\_\_\_ When? \_\_\_\_\_



## BAND DIRECTOR'S RECOMMENDATION AND RATING

A. On a scale of 1 (low) to 10 (the best high school players) please rate this student in the following areas:

Tone Quality \_\_\_\_\_ Technique \_\_\_\_\_ Sight-reading \_\_\_\_\_ Range \_\_\_\_\_ Articulation \_\_\_\_\_

B. Please rate the **overall** musicianship of this student : \_\_\_\_\_

*"I recommend this student as a person of excellent musicianship and high standards of personal conduct to represent my school and me."*

⇒Band Director Signature \_\_\_\_\_

**Director – please initial here if your school or booster organization will be paying all of your students' registration fees with one check rather than individual payment by the student** \_\_\_\_\_



*"If selected, I will attend the Asbury University All-Star Band Clinic Thursday through Saturday (November 17-19, 2016) and agree to adhere to all regulations and daily schedules as stated."*

⇒Student Signature \_\_\_\_\_

*"I give my permission for my son/daughter to attend the Asbury University All-Star Band Clinic."*

⇒Parent or Guardian Signature \_\_\_\_\_



Please send this form and a check for \$65.00 to: All-Star Band Selection Committee, Asbury University, One Macklem Drive  
Wilmore, KY 40390

**DUE DATE: Oct. 9, 2017**

**Registration fees will be returned to students not accepted for the All-Star Band.**

**Registration fees for students who are accepted, but do not attend, are non-refundable.**