

Asbury University All-Star Band Clinic

Thursday-Saturday, November 15-17, 2018

(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 _____

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 15-17, 2018) 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. 15, 2018. *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.*