

2017 UCA Honors Wind Ensemble Clinic Application

Robert W. Smith - Conductor

(please type or print clearly-copy as needed)

PERSONAL INFORMATION

Student Name _____ Grade in School _____

Home Address _____
Street/PO Box/Apt. _____ City/State _____ Zip _____

Instrument _____ High School _____

Email _____ Phone _____

INDIVIDUAL BAND ACHIEVEMENTS (Spring 2017) (check or fill out as necessary)

All-State Band _____
____ 1st Band, Chair _____
____ 2nd Band, Chair _____
____ 3rd Band, Chair _____
____ 1st Jazz Band, Chair _____
____ 2nd Jazz Band, Chair _____
____ Alternate _____

All-Region Band _____
____ 1st Band, Chair _____
____ 2nd Band, Chair _____

All-Region Jazz Band _____
____ 1st Band, Chair _____
____ 2nd Band, Chair _____

State Solo & Ensemble _____
____ Solo, Rating _____
____ Ensemble, Rating _____
____ Other, Rating _____

Region Solo & Ensemble _____
____ Solo, Rating _____
____ Ensemble, Rating _____
____ Other, Rating _____

DIRECTOR RECOMMENDATION

The director's signature below indicates a positive recommendation and verification of the student applicant's musical talent, good citizenship, attitude, and ability to represent their family, band program, and school as a clinic participant. No additional letter is necessary, but can be included if desired.

Return the application form by **October 27, 2017**, to:

UCA Honors Wind Ensemble Clinic
c/o Ricky Brooks
UCA Music Department
201 Donaghey Avenue
Conway AR 72035

SELECTION

Selection to the clinic is based on above achievements and director's recommendation. If you are selected to participate in the clinic, there will be a \$50.00 participation fee.

Student Signature _____ Date _____

Director Signature _____