

BAND FESTIVAL NOMINATION FORM

ANDREWS UNIVERSITY
 FEBRUARY 28-MARCH 2, 2024

School: _____

Principal: _____

Return this form by January 31 to: gravesb@andrews.edu

Upload audition recordings by January 31 to: <https://forms.gle/QiEEq1FvAE2jwVKA8>

STUDENT NAME	GRADE (9-12)	INSTRUMENT	GENDER (M or F)	CHAIR IN SECTION	*YOUR RATING OF THIS STUDENT <i>5 = Superior 4 = Excellent 3 = Good 2 = Average 1 = Poor</i>	BAND DIRECTOR'S COMMENTS	NEED HOUSING? (Yes or No)
<i>Example: John Doe</i>	<i>12</i>	<i>Bb Clarinet</i>	<i>M</i>	<i>2 of 6</i>	<i>4</i>	<i>"good player, but has trouble with upper register"</i>	<i>Yes</i>
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NAME	EMAIL	CELL PHONE	GENDER (M or F)	NEED HOUSING? (Y or N)	SPECIAL REQUESTS OR NEEDS
Band Director:					
Chaperone (if applicable):					
Bus Driver (if applicable):					