BAND FESTIVAL NOMINATION FORM

ANDREWS UNIVERSITY

MARCH 4-7, 2026

School:_____

Principal:_____

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

Upload audition recordings by January 31 to: https://forms.gle/j81VtzQ3ZajbhyLT7

STUDENT NAME	**GRADE (9-12)**	**INSTRUMENT**	**GENDER (M or F)**	**CHAIR IN SECTION**	***YOUR RATING OF THIS STUDENT** *5 = Superior* *4 = Excellent* *3 = Good* *2 = Average* *1 = Poor*	**BAND DIRECTOR'S COMMENTS**	**NEED HOUSING? (Yes or No)**
Example: John Doe	*12*	*Bb Clarinet*	*M*	*2 of 6*	*4*	*"good player, but has trouble with upper register"*	*Yes*
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							

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)*:					