

University Interscholastic League
Area Marching Band Contest

Official Entry Form

School: _____

Address: _____

City: _____ Zip: _____

Director: _____ E-mail: _____

School Phone: _____ Fax: _____

Conference: _____ Region: _____ Area: _____

Certification: I hereby certify that the students competing in the University Interscholastic League Area Marching Band Contest are eligible under Subchapter M of the *Constitution and Contest Rules*.

Signature of Principal

Date

Number of Students Participating in Competing Band _____

Amount of fees attached or paid prior to competition. \$ 250.00

Make checks payable to **UIL Area Marching Contest**

NOTE: Turn in this form and entry fee check when you check-in at the contest site.

UIL Area Marching Contest
Bill Cason, Executive Secretary
P.O. Box 23031
Corpus Christi, TX 78403
Cell: 361-946-6432
UILMusicRegion14@gmail.com