

MISSOURI BANDMASTERS ASSOCIATION, INC.

ALL-STATE JAZZ BAND AUDITION STATEMENT OF AUTHENTICITY

SCHOOL NAME	
CITY	

Student Statement

"I _____ (PRINT student name) verify the enclosed Mo. All-State Jazz Band audition recording was performed by me in one through performance."

Student Signature _____ Date _____

Director Statement

"I _____ (PRINT Director name) verify the enclosed Mo. All-State Jazz Band audition recording was performed by the above named student in one through performance.

Director Signature _____ Date _____

Enclose this form for each student (CD) that is being submitted. Include one invoice for all recordings.

MISSOURI BANDMASTERS ASSOCIATION, INC.

RECORDED AUDITION INVOICE

SCHOOL NAME	
DIRECTOR NAME	
CITY	

Date	_____ Number of student auditions enclosed (no. of CD's)	X\$15 each	TOTAL ENCLOSED
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*Purchase orders in lieu of payment are not accepted. Make checks payable to Missouri Bandmasters Association, Inc. and submit with this form.

MISSOURI BANDMASTERS ASSOCIATION, INC.
Federal Tax ID #31-1789334