

TMEA Region XXVIII Orchestra Division

Director's Summary Form

Directions: Complete each section below with requested information. Do not leave empty spaces. *Please indicate N/A where information is not applicable.* This form must be typed.

Director Information:

Director: _____

Home Address: _____

School: _____

School District: _____

Home Phone: _____

School Address: _____

E-mail: _____

TMEA Membership Number: _____

School Phone: _____

School Fax: _____

Fees:

School Fee:

\$40.00

Number of Students Entries _____ x \$10.00 each =\$ _____

Total Fees Enclosed \$ _____