



2009 INDIANHEAD HONORS BAND AND WIND CLINIC APPLICATION FORM

Instrument _____
School _____
School Phone _____
School Address _____
City _____ Zip _____
Director e-mail _____

Student Name _____ Home Phone _____
Home Address _____
City _____ Zip _____

Classification in school (circle one): freshman sophomore junior senior
Director Name _____
(please print)

STUDENT INFORMATION

Have you taken private lessons on your instrument? ___Yes ___No
If yes, how many years have you taken lessons? _____

Have you performed in the WSMA State Solo and Ensemble Festival? ___Yes ___No
Classification ___ Rating ___ Title of piece _____
Classification ___ Rating ___ Title of piece _____

Have you participated in the State Honors Music Project? ___Yes ___No
If yes, which group(s) and when? _____

What part do you play in your section in band (if applicable)? _____
What seat do you currently hold in your section? _____

Please list any music honors (in addition to any listed above):

(NEXT PAGE FOR DIRECTOR COMMENTS AND SIGNATURES)

DIRECTOR COMMENTS

If you are familiar with the Indianhead Honors Band and/or the Wisconsin State Honors Band, please indicate where you would place your student in the respective group.

Indianhead Honors Band _____

Wisconsin State Honors Band _____

We rely heavily on your written comments and recommendations when selecting students for the Indianhead Honors Band, so please indicate any special strengths and/or other considerations that should be given to this student with regard to areas such as general musicianship, technical ability, rhythmic ability, etc.

Director Signature

If selected as a participant in the 2009 Indianhead Honors Band, I agree to attend all activities on Saturday, November 14, 2009, including master classes, sectionals, full rehearsals, and the performance.

Student Signature

PLEASE RETURN ALL COMPLETED APPLICATION FORMS BY THURSDAY, OCTOBER 1 TO:

**DR. JERRY A. YOUNG, COORDINATOR
INDIANHEAD HONORS BAND AND WIND CLINIC
DEPARTMENT OF MUSIC AND THEATRE ARTS
THE UNIVERSITY OF WISCONSIN – EAU CLAIRE
EAU CLAIRE, WI 54702**