

Eastern Washington Music Educators Association

MIDDLE SCHOOL & JUNIOR HIGH SCHOOL CHORAL FESTIVAL

DATE---Wednesday, March 21, 2007 LOCATION: Shadle Park High School
DATE---Thursday, March 22, 2007 LOCATION: Shadle Park High School (HS) &
Spokane Falls Community College(Elem. & MS)

REGISTRATION FORM---one form per group

EWMEA registration fees of \$15.00 must be paid PRIOR to scheduling of any activity

School _____ Phone _____

Address _____ FAX _____

City _____ State _____ Zip _____

Director's Name _____ Home Phone _____

Email address(es) _____

EWMEA region Spokane Falls _____ Northeast _____
(Spokane Public Schools, Mead, private schools within those boundaries) (all other districts)

Indicate appropriate level: Elementary _____ Middle School _____ Junior High _____
(grades 5-8) (grades 7-9)

Grade level(s) of students within this group _____ K-6 population _____

Name of Performing Group _____

ENTRY FEE: \$150.00 per MS/JHS group

\$75.00 per elementary group

*****Postmarked by Tuesday, February 20, 2007*****

All entries received after the postmarked date will be scheduled on a first-come, first-served basis.

Check for festival and membership dues MUST accompany registration form.

Please make ONE check payable to the EWMEA.

Please copy and retain this form for your school auditor.

Mail the completed registration form and check to:

MICHELLE WATKINS
Medical Lake High School
200 E. Barker, P.O. Box 128
Medical Lake, WA 99022
509.565.3222 Office 509.565.3201 Fax
509.993.3250 Cell
mwatkins@mlsd.org

** If you plan to attend ARTSTIME, please ask for earlier times.*

Eastern Washington Music Educators Association

JUNIOR HIGH SCHOOL & HIGH SCHOOL CHORAL FESTIVAL

DATE---Wednesday and Thursday, March 22nd and 23rd, 2006

LOCATION: University High School

REGISTRATION FORM---one form per group

EWMEA registration fees of \$15.00 must be paid PRIOR to scheduling of any activity

School _____ Phone _____

Address _____ FAX _____

City _____ State _____ Zip _____

Director's Name _____ Home Phone _____

Email address(es) _____

EWMEA region _____ Spokane Falls _____ Northeast _____

(Spokane Public Schools, Mead, private schools within those boundaries) (all other districts)

Indicate appropriate level: Middle School _____ Junior High _____ High School _____

Grade level(s) of students within this group _____ Population of school WITH ninth grade _____

CHECK ONE

WIAA classification: AAAA _____ AAA _____ AA _____ A _____ B _____
(grades 10-12) (1201+) (601-1200) (301-600) (151-300) (1-150)

Name of Performing Group _____

ENTRY FEE: \$150.00 per MS/JHS group and HS group

*****Postmarked by Tuesday, February 21, 2006*****

All entries received after the postmarked date will be scheduled on a first-come, first-served basis.

Check or copy of PO for festival and membership dues MUST accompany registration form.

Please make ONE check payable to the EWMEA.

Please copy and retain this form for your school auditor.

Mail the completed registration form and check to:

MICHELLE WATKINS

Medical Lake High School

200 E. Barker, P.O. Box 128

Medical Lake, WA 99022

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mwatkins@mlsd.org