



42nd Annual All-Senior Honor Band Application

November 23, 2019

Please have each interested student complete this form by **November 13, 2019**

Name: _____ Instrument _____

Street _____ Phone _____

City, State and Zip _____ email _____

Band Director _____ High School _____

Are you a Junior () or a Senior ()?

If you are a Senior, would you like to audition for a **SWOSU Music Scholarship** on November 23rd? () Yes () No

_____/_____
Band Director printed name / **Band Director** signature

(Your signature denotes a recommendation for the student listed above to participate in ASHB.)

Band Director email/phone _____

_____/_____
Parent printed name / **Parent** signature

(Your signature denotes your approval for the student listed above to participate in ASHB.)

Parent email/phone _____

Please send this completed form by fax 580.774.3714 or by email to philip.martinson@swosu.edu

Dr. Philip Martinson, ASHB Coordinator
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