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DRAKE UNIVERSITY
HIGH SCHOOL HONOR BAND FESTIVAL
DECEMBER 6-7, 2024

STUDENT MEMBERSHIP APPLICATION
(Please Print)

Name_____Instrument_____

Home Address_____
street city state zip

Parent or Guardian_____Home Phone (____)_____

Name of School_____

Grade in School_____How long have you played your instrument?_____

List awards and honors (Contest ratings, honor bands, etc.)_____

_____

_____

_____

Part and Chair in your high school band Part_____Chair_____
(1st, 2nd)

Have you been a member of All-State Band/Orchestra? Yes__No__

Have you been selected as an alternate to All-State? Yes__No__

Were you a member of the 2023 Drake Honor Band? Yes__No__

Did you apply for membership in the 2023 Drake Honor Band? Yes__No__

Are you considering a collegiate career in music? Yes__No__

Are you interested in auditioning for a Drake Music Scholarship? Yes__No__

Signature of Applicant_____