



NYSSMA TICKET REQUEST

Please complete this order form. A copy will accompany the check to the NYSSMA Festival Chairperson.

INSTRUCTIONS:

1. Teacher submits all applications and registration forms directly to the NYSSMA Festival Chairperson.
2. Teacher fills out this NYSSMA Festival Form (each festival must be on a separate request form) and immediately processes the form through their school district's Arts in Education Liaison. The Liaison submits this form to Capital Region BOCES Arts & Enrichment Service with the authorized signature.
3. If requesting payment for **School Participation Fee**, please fax a copy of the NYSSMA School Participation Fee invoice along with this request form.
4. Capital Region BOCES Arts & Enrichment Service processes the request, confirms and with the NYSSMA Festival Chairperson.
5. Capital Region BOCES Arts & Enrichment Service writes a check, payable to NYSSMA for each festival site. Capital Region BOCES Arts & Enrichment Service then mails the check to the festival chairperson with a copy of the order form.

Festival Name: _____ Date: _____ Location: _____

Chairperson: _____ Phone: _____

Address: _____ Email: _____

School Building: _____ District: _____

School Music Teacher: _____ Email: _____

Grades/# students participating: _____ K-5; _____ 6-8; _____ 9-12

School Phone/Fax: _____ / _____

We have registered:

School Participation Fee	(July 1, 20__-June 30, 20__)				\$ _____
Solo/Ensemble:	_____ solo/ensemble(s)	at	\$ _____	each =	\$ _____
	_____ solo/ensemble(s)	at	\$ _____	each =	\$ _____
	_____ solo/ensemble(s)	at	\$ _____	each =	\$ _____
	_____ solo/ensemble(s)	at	\$ _____	each =	\$ _____
Majors :	_____ group evaluation(s)	at	\$ _____	each =	\$ _____
	_____ group evaluation(s)	at	\$ _____	each =	\$ _____
Area All State:	_____ participants	at	\$ _____	each =	\$ _____
Conference All State:	_____ participants	at	\$ _____	each =	\$ _____

Total Amount to NYSSMA: \$ _____

Music Teacher Signature Date

Building or District Administrator Signature (if required) Date

Arts in Education Liaison Signature Date

Send completed forms to: Capital Region BOCES Arts & Enrichment Service
900 Watervliet-Shaker Rd., Suite 102
Albany, NY 12205 ∞ Fax: 518-464-3909