Mail To:
Festival Site Chair _____
Address _____
_____
_____

IMPORTANT
Make check payable to: ***AFMC District*** ____ ***Festival***

AFMC FESTIVAL ENTRY COVER SHEET
ALPHABETICAL LIST OF STUDENTS (#Entries___)

YEAR _____

TEACHER (COUNSELOR): _____ **PHONE**_____

ADDRESS _____

JUNIOR CLUB_____**TEACHER CODE** _____ **DISTRICT**___

FESTIVAL SITE _____ **E-MAIL** _____
Please use separate form for each location.

******Fill in name and 1st two columns.******

ENTRANT'S NAME PLEASE LIST STUDENTS ALPHABETICALLY BY LAST NAME	EVENT	FEES	ROOM	TIME
TOTAL		**$**		

Check # _____

Total Festival Participants _____
Please save a copy of this form for your records.