

ASSOCIATION OF TEXAS SMALL SCHOOL BANDS

REFUSAL OF ALL-STATE HONORS

FORM 13

Instructions: Any student declining membership in an ATSSB All-State Ensemble must print his/her name in the space below, then sign and date the form. The parent(s), band director, and school administrator must sign and date the form before mailing or faxing it to the Region Coordinator who will in turn mail or fax it to the Area Coordinator, who will name the replacement to the ATSSB All-State ensemble vacancy and see that all forms concerning housing, permission, and medical information are provided the Executive Secretary prior to the All-State clinic.

I, _____, having been selected in Regional and Area ATSSB auditions for a place in an ATSSB All-State ensemble, do hereby relinquish my place for personal or other reasons. I do so of my own volition. This is a voluntary act and I realize that once this document is signed and executed it cannot be reversed because another student will be named to take my place.

Student signature

Date

Parent signature

Date

Band Director signature

Date

Principal/Superintendent signature

Date

Region Coordinator

Date

Area Coordinator

Date

Name of alternate sent in this student's place

School

Date contacted