

# ASSOCIATION OF TEXAS SMALL SCHOOL BANDS REFUSAL OF ALL-STATE HONORS

## FORM 16

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