

ATSSB Outstanding Performance Series

Enter class of school

Do not use this box

CLASS



Entry Form 1A
March Selection

CD #

For adjudication only

Name of school _____ Region _____

Band Director _____ ATSSB # _____

Home address _____ Home telephone () _____ - _____

Home city, Zip _____ Cell phone () _____ - _____

Email _____ (School) _____ (Home) _____

School address _____ School telephone () _____ - _____

School city, Zip _____ Fax () _____ - _____

Title of selection _____

Composer/Arranger (full names) _____

Publisher _____

Contest at which selection was recorded _____

Location _____ Date of contest _____

ENTRY PROCEDURES: This completed and signed form, along with a \$60 check made out to "ATSSB", must accompany each CD entry. Only one selection may be on the CD and it should be edited for comments, announcements, applause, or anything that might identify the performing organization. The recording is to be made on a digital audio recordable CD (CD-R). Do not use CD-RWs since they can be recorded over. **On or before May 23**, the CD, a backup CD and any optional flash drive backup, two copies of this form, and the \$60 check must be hand delivered or shipped **USPS Priority Mail, UPS Second Day Service, FedEx Second Day Service or other shipment companies with comparable service with no signature required** to the Designated Region Coordinator.

RELEASE

Our signatures on this entry form signify the accuracy of the above information to the best of our knowledge. No special recording techniques, microphone placements, or other techniques that might enhance the recording were used other than those ordinarily provided by the recording technicians for all bands recorded at this contest.

In submitting this CD and optional Flash drive backup for consideration, we give up any right to any fees or proceeds that might result from the future sale of any product using this recording. We release ATSSB and its agents, assigns, representatives, and coordinators from any liability resulting from the sale or use of this CD or optional flash drive backup in any way so long as said sale or use is approved by the State Board of Directors of ATSSB.

We also release ATSSB and its agents, assigns, representatives, and coordinators from any liability resulting from CDs or optional flash drive backup lost or inadvertently erased in transit, or accidentally damaged in playback. We understand that no CDs or optional Flash drive backups will be returned.

Principal/Superintendent

Date

Band Director

Date

ATSSB Outstanding Performance Series

Enter class of school

CLASS



Entry Form 1B
Concert Selection

Do not use this box

CD #

For adjudication only

Name of school _____ Region _____

Band Director _____ ATSSB # _____

Home address _____ Home telephone () _____ - _____

Home city, Zip _____ Cell phone () _____ - _____

Email _____ (School) _____ (Home) _____

School address _____ School telephone () _____ - _____

School city, Zip _____ Fax () _____ - _____

Title of selection (specify mvts.) _____

Composer/Arranger (full names) _____

Publisher _____

Contest at which selection was recorded _____

Location _____ Date of contest _____

ENTRY PROCEDURES: This completed and signed form, along with a \$60 check made out to "ATSSB", must accompany each CD entry. Only one selection may be on the CD and it should be edited for comments, announcements, applause, or anything that might identify the performing organization. The recording is to be made on a digital audio recordable CD (CD-R). Do not use CD-RWs since they can be recorded over. **On or before May 23**, the CD, a backup CD and any optional flash drive backup, two copies of this form, and the \$60 check must be hand delivered or shipped **USPS Priority Mail, UPS Second Day Service, FedEx Second Day Service or other shipment companies with comparable service with no signature required** to the Designated Region Coordinator.

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Principal/Superintendent

Date

Band Director

Date

2017

ATSSB Outstanding Performance Series

Enter class of school

CLASS _____



Entry Form 1C
Concert Selection

Do not use this box

CD # _____

For adjudication only

Name of school _____ Region _____

Band Director _____ ATSSB # _____

Home address _____ Home telephone () _____ - _____

Home city, Zip _____ Cell phone () _____ - _____

Email _____ (School) _____ (Home) _____

School address _____ School telephone () _____ - _____

School city, Zip _____ Fax () _____ - _____

Title of selection (specify mvts.) _____

Composer/Arranger (full names) _____

Publisher _____

Contest at which selection was recorded _____

Location _____ Date of contest _____

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Principal/Superintendent _____ Date _____

Band Director _____ Date _____