

**SOUTHEAST DISTRICT CHOIR AUDITIONS
STUDENT REGISTRATION FORM**

DEADLINE: SEPTEMBER 15, 2009

Total Number of Students Auditioning 11/12_____ 9/10_____

\$8.00 audition fee per student

If you plan to pay at audition check here _____

Please pay by check and make payable to **Southeast MCDA.**

DIRECTORS, PLEASE REMEMBER THAT MSHSAA GUIDELINES STIPULATE THAT YOU OR A CERTIFIED STAFF MEMBER FROM YOUR BUILDING MUST BE PRESENT AT EACH SESSION IN WHICH YOU HAVE STUDENTS AUDITIONING.

NOTE: Please send your forms in by the deadline. Confirmation of your students' audition numbers will be faxed or emailed as soon as the names have been processed.

Your name & school _____

Fax # _____

Email _____

(Please check which is your **preference**, fax or email)

Send forms plus your check to:

Judy Henry, District Coordinator
936 Northwest Street
Sikeston, MO 63801

or

Judy Henry
NMCC
310 U.S. Hwy 61
New Madrid, MO 63869