



Timber Creek
Marching Arts Festival



REGISTRATION

Band Director Information

Enter your information below so that we can contact you about this registration.

Band Director Full Name: _____

E-mail Address: _____ Daytime Phone: _____

Complete Contact Information

Band Name: _____

School Name: _____

Band Director(s): _____

Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____

Fax: _____

Contact Person: _____ E-mail: _____

Contact Phone: _____ Cell Phone: _____
(emergency - day of event)





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All entries must be received by September 27th, 2010.
Please print clearly and fill out form completely.

Band Name: _____

Show Title: _____

Musical Selections: _____

Drum Major Names: _____

Officer Names: _____

Instructor Names: _____

Uniform colors: _____

School Principal Name: _____

Registering for:

Band Show (\$125.00) Classification Size: A AA AAA AAAA
(based on number of musicians)

Please mark this box if you would like to be contacted regarding *Pre-Arranged Meal Packages*

Performance order will be determined by postmark and receipt of non-refundable registration fee

Please return this form along with the
non-refundable registration fee to:

Timber Creek High School
Band Department
1001 Avalon Park Boulevard
Orlando FL 32828

Please make checks payable to:
Timber Creek High School

www.tchsbands.com



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A write up on the band for the program booklet

For the equipment crew:

How many:

Trucks: _____ Trailers: _____ Buses (# & type) _____

Trailer sizes: _____ Large props: Y/N

Are electrical hook ups needed? Y/N Other requests: _____

Pit equipment must be able to be pushed across the parking lot unless you provide us with equipment transportation needs ahead of time.

For Hospitality:

Arrival time: _____ # students: _____ # staff (not including directors): _____

Changing facilities needed? Y/N _____

For Concessions:

Will the band plan to eat on campus? Y/N

Time planning to eat: _____

Estimate of parents and friends traveling with band: _____

