

BLAST OF BRASS 2010 REGISTRATION FORM

COMMUTER

OFFICE USE: H ___ T ___ P ___

NAME _____ AGE _____ GENDER M / F
(circle)ADDRESS _____

PHONE _____ EMERGENCY PHONE _____

EMAIL _____

INSTRUMENT _____ SCHOOL _____

YEARS OF STUDY _____ GRADE IN FALL _____ TEACHER _____
Band Director or Private InstructorLIST ACHIEVEMENTS: _____
(EX: Major Achievement such as All-Region, AREA, All-State)**CONFERENCE REGISTRATION** (check one) _____ \$300.00 If postmarked **ON** or **BEFORE JUNE 4, 2010**
_____ \$350.00 If postmarked **AFTER JUNE 4, 2010**

All Applications must be received by **JUNE 28, 2010**
Late registrations may be considered **ONLY** on the instrumentation needs of the conference.
MEALS are EXTRA: Lunch may be brought or purchased in the Richland College café.
DVD's & T-SHIRTS may be purchased at the conference.

BLAST OF BRASS CONCERT TICKETS

FRIDAY, JULY 16, 2010 at 7:30 PM in the Fannin Performance Hall at Richland College
REQUIRED ATTANDANCE for all Conference Participants and your NAME BADGE is your ticket.
Tickets purchased will be held at WILL CALL / TICKET BOOTH and made available at the concert.

Number of Tickets _____ x \$15.00 Adults + _____ x \$10.00 Students = \$ _____

TABULATE TOTAL PAYMENT DUE & SELECT PAYMENT TYPE:**TOTAL DUE**

REGISTRATION \$ _____ + CONCERT TICKETS \$ _____ = \$ _____

FORM OF PAYMENT: _____ CHECK _____ MONEY ORDER _____ CREDIT / DEBIT CARD

IF CREDIT or DEBIT CARD: (Circle Card Type and complete card information below) **VISA / MASTERCARD / AM EX / DISCOVER**

CARD HOLDER NAME _____ CARD NUMBER _____ EXPIRATION DATE _____ 3 DIGIT SECURITY CODE _____

_____ **PAYMENT PLAN REQUESTED** (up to 3 payments) **\$100.00 Non-Refundable Down Payment Required with Registration.**

SELECT TWO REQUESTED PAYMENT DATES BELOW & COMPLETE THE AMOUNT TO BE PAID OR CHARGED:

\$ _____ on March 5, 2010 \$ _____ on April 2, 2010 \$ _____ on May 7, 2010 \$ _____ on June 4, 2010

MAKE PAYABLE TO and MAIL TO:Please note that BLAST OF BRASS is an event
offered through METRO MUSICAL PRODUCTIONS.**BLAST OF BRASS**
502 DORAL PLACE
GARLAND, TX 75043-5414

OFFICE USE: _____

I RELEASE METRO MUSICAL PRODUCTIONS/BLAST OF BRASS, RICHLAND COLLEGE-(DCCCD), OF ANY LIABILITY FOR THE CARE OF MY CHILD. I ALSO GIVE METRO MUSICAL PRODUCTIONS/BLAST OF BRASS MY PERMISSION TO SEEK AND OR GIVE ANY EMERGENCY MEDICAL CARE THAT MY CHILD MAY REQUIRE. METRO MUSICAL PRODUCTIONS/BLAST OF BRASS, RICHLAND COLLEGE-(DCCCD), NOR THE HOLIDAY INN EXPRESS & SUITES HOTEL ARE RESPONSIBLE FOR LOST OR STOLEN ITEMS. MY PERMISSION IS ALSO GIVEN TO USE ANY PHOTOS AND OR RECORDINGS, MADE OF MY CHILD, WHILE ATTENDING THE CONFERENCE, FOR FUTURE ADVERTISING PURPOSES ONLY.

PARENTAL SIGNATURE _____ DATE _____