



Pride of the Ozarks Invitational Application

Please read this form carefully. Photocopy a completed application for your records.
Please print or type. Performance times are assigned by order of received entry.

FAX to 417-582-5945 or scan and email back

School		
Street Address		
City	State	Zip Code
School Area Code/Phone Number		School Area Code/Fax Number
School Enrollment Number Grades 10-12 (determines classification)	Number of Buses	Number of Trucks
Band Director	Principal (Included title: Dr., Mr., Mrs., etc.)	
Band Director's Home Phone	Band Director's Cell Phone	
Band Director's Primary Email	Band Director's Alternate Email	
Assistant Band Director(s)	Assistant Band Director Email(s)	

Enrollment Fee - \$275	Payment Method
Make checks and purchase orders payable to: <p style="text-align: center;">Ozark Band Boosters 1350 W. Bluff Dr., Ozark, MO 65721</p>	<input type="checkbox"/> Check is enclosed <input type="checkbox"/> School Purchase Order Number _____

Band Director Signature	Date
Principal or Superintendent Signature	Date