

## 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	City Sta		ate Zip Code		
School Area Code/Phone Number		School Area Code/Fax Number			
Solida Salay, Total Tallings					
School Enrollment Number Grades 10-12 (determines classification)		Number of Buses Number of Trucks			
School Emolinere Namber Grades 10-12 (acternines dassineadon)		Name of Face		variber of fraction	
Band Director		Principal (Included title: Dr., Mr., Mrs., etc.)			
Band Director		Timelpar (included title: Dr., Wir., Wirs, etc.)			
Band Director's Home Phone			Band Director's Cell Phone		
Band Director's Home Prione			Band Director's Centric	one	
Danid Divertada Driverna Francii		Do.	Band Director's Alternate Email		
Band Director's Primary Email		Da Da	Band Director's Arternate Email		
		Assistant David Divisit or Fuscilla			
Assistant Band Director(s)		AS	Assistant Band Director Email(s)		
Formally and Form 6275		Dover	Downsort Mathed		
Enrollment Fee - \$275  Make checks and purchase orders payable to:		Payment Method			
iviake checks and purchase orders payable to.		Check is enclosed	I		
Ozark Band Boosters		School Purchase	Order Number		
1350 W. Bluff Dr., Ozark, MO 65721		School Furchase	order realiser		
Band Director Signature			Date		
Dana Director Signature			Date		
Dringinal or Superintendent Signature			Date		
Principal or Superintendent Signature			Date		