



Director Information Form

FORMS MUST BE POST-MARKED BEFORE AND RECEIVED BY **Wednesday September 18, 2019**

Return completed forms to:
Attn: Michael Warren
Avonworth Middle School
256 Josephs Ln
Pittsburgh, PA 15237

▲ Director's Name (PLEASE PRINT CLEARLY)

▲ ACDA Membership Number & Expiration Date *(please attach a photocopy of your membership card)*

▲ School Name

▲ School District

▲ School Address *Street*

City

State

Zip

()

▲ School Phone *area code*

extension

▲ School E-Mail Address

▲ Home Address *Street*

City

State

Zip

()

▲ Home Phone *area code*

▲ Home E-Mail Address

List your students in **numerical order** that you recommend they be considered for participation in the festival:

Name

Voice Part (Soprano I/II or Alto I/II)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____