



FORMS MUST BE POST-MARKED BEFORE AND RECEIVED BY
MONDAY, SEPTEMBER 25, 2017.

Andrew Peters, West Allegheny High School,
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DIRECTOR INFORMATION FORM

Director's Name (PLEASE PRINT CLEARLY) _____

ACDA Membership Number & Expiration Date _____
(please attach photocopy of membership card)

School Name (or community/church choir name) _____

School District _____

School Address _____
Street City State Zip

School Phone Number _____ School E-mail Address _____

Home Address _____
Street City State Zip

Home Phone Number _____ Home E-mail Address _____

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

	Name	Voice Part (S1, S2, Alto)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____