Coe College Elementary Honor Band  
Director’s Form

School Name:__________________________________________________________
(as you would like it printed in the program)

Director’s Name:_______________________________________________________

School Address:________________________________________________________

City:________________ ST:  IA Zip:________________________

Phone:________________ Fax:________________________

Director email:________________________________________________________

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Would you be willing to help with sectionals? Yes____ No____

If yes, please indicate instrument group

____ Flute/Oboes      ____ Trumpets       ____ Any Woodwind
____ Clarinets       ____ Horns          ____ Any Brass
____ Alto Saxes      ____ Trombones/Low Brass  ____ Any Grouping
____ Low Woodwinds   ____ Percussion

Are you interested in sitting in with the band for rehearsals and the concert? 
Yes_____ No____

If yes please number your instrument preferences. (e.g. Flute-1, Clarinet-2)

____ Flute            ____ Alto Saxophone    ____ Trumpet
____ Oboe             ____ Tenor Saxophone   ____ Horn
____ Clarinet         ____ Baritone Saxophone ____ Trombone
____ Alto Clarinet    ____ Bassoon          ____ Euphonium
____ Bass Clarinet    ____ Percussion       ____ Tuba

Return To:  Coe College Music Department
Elementary Honor Band
1220 1st Avenue NE
Cedar Rapids, Iowa 52402