



2006-2007 Solo and Ensemble Verification

Please verify the competitions your soloist(s) and/or ensemble(s) have attended.

Please submit this form by the MONDAY following EACH competition. Failure to submit this form within seven days after each competition attended may result in the performances NOT being acknowledged.

Remember that each solo and ensemble will need 2 acknowledged performances to qualify for Regionals (Jr. High ensembles need only 1 acknowledged performance).

School Name: _____ Director's Name: _____

Competition Attended This Week: _____ Date of Competition: _____

<u>SOLOS</u>	Junior Solo/Senior Solo	Total Number of Competitions thus far
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

ENSEMBLES - Please list all members of each ensemble alphabetically by last name.

1. JH / Small / Large (please circle) Total Thus Far: _____

2. JH / Small / Large (please circle) Total Thus Far: _____

3. JH / Small / Large (please circle) Total Thus Far: _____

4. JH / Small / Large (please circle) Total Thus Far: _____

5. JH / Small / Large (please circle) Total Thus Far: _____

Please **FAX** this form to 219.365.3152
 Or mail to IHSDTA, P.O. Box 564, St. John, Indiana 46373
 Submit by the Monday following each competition your team attends
 IHSDTA Office