

S.W.O.B.D.A.

Southwestern Oklahoma State Band Directors Association

Please complete this form and return one copy to the Executive Secretary: a band chairperson has been elected and shall be your source for all future information and contacts:

Name of Clinician _____ Chairperson _____

Mailing Address _____

Day Phone () _____ Evening Phone () _____ e-mail _____

Dates of clinic/concert: January 31 & February 1, 2014 at Lawton Public Schools, Lawton, Oklahoma

Stipend: 7th, JH and HS Concert = \$300.00 per day plus all expenses

HS Symphonic = \$400.00 per day plus all expenses

Clinic/Concert Schedule: Friday 8:30 a.m. – 12:00 p.m. (with one 15 minute break)

2:00 p.m. – 5:00 p.m. (with one 15 minute break)

Saturday – 8:30 a.m. – 12:00 noon (with one 15 minute break)

2:00 p.m. 7th Grade Concert

2:30 p.m. JH Concert Performance

3:00 p.m. JH Symphonic Performance

3:30 p.m. HS Concert Performance

4:00 p.m. HS Symphonic Performance

All Groups will warm up 30 minutes prior to performance

Travel arrangements: Please make your own airline arrangements, with your flight arriving/departing Will Rogers World airport in Oklahoma City. Once it is confirmed, please forward your flight information to your chairperson. Your chairperson shall be in charge of your transportation during the clinic. If you choose to drive, SWOBDA will reimburse you government rate per mile. All parking fees, tolls, etc. shall be paid by SWOBDA if receipts are presented.

Program Selections: Please list selections you would like to program for the concert. A list of previous programs can be found on the SWOBDA web site at swobda.org.

This information must be to the chairperson by **September 1.**

SELECTIONS

COMPOSER

PUBLISHER

SELECTIONS	COMPOSER	PUBLISHER

Biographical information: Please forward a brief biographical sketch to your chairperson for the concert. No photographs will be needed.

Seating chart: Please forward a sketch of the desired seating arrangement for the ensemble. The instrumentation is listed on the SWOBDA web site at swobda.org. This information must be to the chairperson by **December 1.**

(clinician's signature)

(SWOBDA signature)

(date)

(date)