



**Texas Music Educators Association
HONOR BAND AUDITION
Principal's Verification Form**

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Name of School:		Class:	
Name of Organization:			
Address:			
City:	State:	Zip:	Phone:
School District:		TMEA Region:	
Director's Name:		TMEA Number:	
Home Address:		Email:	
City:	State:	Zip:	Phone:
SELECTION ONE			
Title:			
Composer/Arranger:			
Date of Performance:		Site:	
Event:			
(Must conform with original entry FORM I submitted on or before March 1)			
SELECTION TWO			
Title:			
Composer/Arranger:			
Date of Performance:		Site:	
Event:			
(Must conform with original entry FORM I submitted on or before March 1)			
SELECTION THREE			
Title:			
Composer/Arranger:			
Date of Performance:		Site:	
Event:			
(Must conform with original entry FORM I submitted on or before March 1)			
<p>We have read and fully understand the guidelines for TMEA Honor Band Competition as published on the TMEA Website (www.tmea.org). We certify that there will be no irregular, abnormal, or unethical means employed in achieving the above-mentioned recordings. We will submit a master CD that was recorded during the above listed recording dates. We acknowledge that any variation from the aforementioned dates will result in disqualification of our entry.</p>			
Principal's Signature:		Band Director's Signature:	
Principal's Name: (typed or printed)		Band Director's Name: (typed or printed)	
Principal's Phone:		Date:	