



Texas Music Educators Association
HONOR BAND AUDITION
Director's Clinician & Judge Report

K

School: _____
Organization: _____
Director: _____
Date: _____ Class: _____

CLINICIANS

Please list any and all individuals who have served as a clinician or guest conductor, or have been involved with any rehearsal of this organization during this school year.

NAME	SCHOOL
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

JUDGES

Please list the names of at least five persons as candidates for judging at the REGION (and possibly AREA) tape sessions (*Judges must reside outside your TMEA Area*):

NAME	SCHOOL
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Use back of form for additional names