

Bios/Musician List/Music Selection/Lunch

Please mail this form to: Mountain View Instrumental Boosters PO BOX 872893 Vancouver Wa 98687  
or email a pdf copy of this form to [president.mvhsbandboosters@gmail.com](mailto:president.mvhsbandboosters@gmail.com) by Feb 28th

School and Official Band Name: \_\_\_\_\_

Estimated Time of Arrival (for scheduling) \_\_\_\_\_

**Please send a Director(s) bio or band accomplishments as well as a musician and instrumentation list for our printed program.**

*This event includes a 40 minute performance slot, 55minute clinic and 15 minutes of one-on-one time with a clinician.*

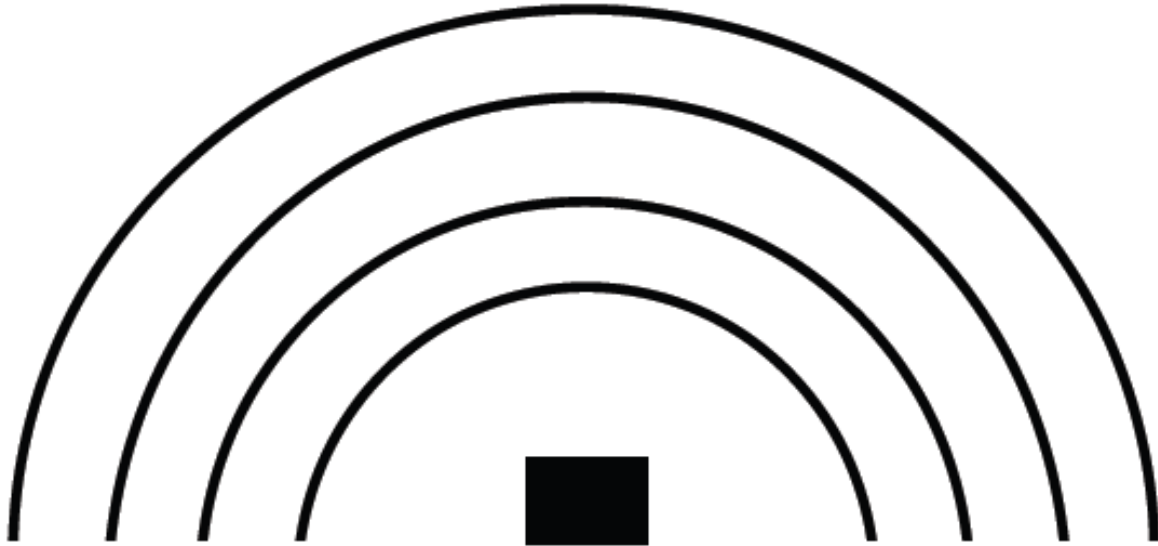
| Title/Arrangement | Composer/Arranger | Length |
|-------------------|-------------------|--------|
|                   |                   |        |
|                   |                   |        |
|                   |                   |        |
|                   |                   |        |

**Lunch**

Will you be utilizing our food vendors for lunch?: **YES or NO** (Please circle one)  
How many approx. will be purchasing lunch (including chaperones & guests) \_\_\_\_\_

*This is not a firm commitment but allows us to provide the appropriate amount of food.  
If you wish to purchase off-site we can provide you with a list of local fast food establishments.  
The food vendors we are contracting with will provide, as a collective, full meals, vegetarian and gluten free options and beverages. Costs for full meals will likely range from \$6-\$10. Menus with exact pricing will be emailed to your director once we have the contracts confirmed.*

## NWRCBF 2019 Stage Set Up



Please indicate chairs with O and stands with X. Rectangles for percussion equipment

School \_\_\_\_\_

Band Director Name(s) \_\_\_\_\_

\_\_\_\_\_

| Row        | # of Chairs | # of Stands |
|------------|-------------|-------------|
| 1st        |             |             |
| 2nd        |             |             |
| 3rd        |             |             |
| 4th        |             |             |
| Percussion |             |             |

**For Logistic Use Only**

Time of performance \_\_\_\_\_

Clinician \_\_\_\_\_