

**CCMTA WINTER/SPRING MUSIC FESTIVALS**

**SCHOOL INFORMATION SHEET**

**PLEASE TURN THIS IN AS A COVER SHEET WITH YOUR  
STUDENT HEALTH FORMS**

**ONE INFORMATION SHEET IS NEEDED FOR EACH ALL-COUNTY  
ENSEMBLE YOUR STUDENTS ARE PARTICIPATING IN.**

NAME OF SCHOOL \_\_\_\_\_

NAME OF ENSEMBLE YOUR STUDENT(S) ARE PARTICIPATING IN

\_\_\_\_\_.

DESIGNATED CHAPERONE(S) FROM YOUR SCHOOL:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST THE NAMES OF ANY STUDENTS SELECTED FOR THIS ALL  
COUNTY GROUP WHO DID NOT SHOW UP TODAY:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CELL PHONE NUMBER TO REACH YOU, IF NECESSARY: \_\_\_\_\_