DUE 2 WKS. AFTER FESTIVAL * ARK. FED. OF MUSIC CLUBS * AREA FESTIVAL RATINGS * Ark JR 3-4

AREA CHAIRMAN FILLS OUT THIS FORM * Absolute last date to turn in = March 31, 2018

Alphabetize students by last names *within each event (order in Bulletin).* Send one copy Ark JR 3-4 + Ark JR 3-3 to: Shelly Brown / 20 Penny Lou Ln (903) 824-0501
Transfer students: list former teachers, towns & states at the end of the report or on back! Texarkana, AR 71854 shelly@arkansasfmc.org

Chairman's Name: _____ Email: _____ YEAR:_____

Complete Address: _____ Phone: _____ Type of Festival: Junior ☐ Adult ☐

* List ALL teachers' names, addresses, emails, phones, & Jr. Clubs on back or separate sheet *if* not on Ark JR 3-3 *

Con. Sup.	Alphabetize by Student Last Names *Within Each Event (as in Bulletin)*	Teacher - Last Name	Junior Club Name	Instrument *and* Event	This Event Previously Year	Level	Score	Level This Year	Score This Year

Con. Sup.	Alphabetize by Student Last Name *Within Each Event (as in Bulletin)*	Teacher – Last Name	Junior Club Name	Instrument & Event	This Event Previously Year	Level	Score	Level This Year	Score This Year

FORMER TEACHERS OF TRANSFER STUDENTS – LIST HERE!

Any info. on back? yes ☐ no ☐ p.___of___