

**University of Louisville  
Invitational Honor Band  
January 27<sup>th</sup> – 28<sup>th</sup>, 2017**

**Nomination Form**

*Please submit nominations by Tuesday, November 1<sup>st</sup>, 2016*

Please submit nominations for up to twelve musicians from your high school band. List them in rank order and indicate the part assignment played in your band. Whereas most players should be juniors or seniors, outstanding freshman and sophomores may also be accepted. You may also nominate your students online at: <http://uoflbands.com/special-events/invitational-honor-band/>

1. Name _____ Grade _____	2. Name _____ Grade _____
Address _____ _____	Address _____ _____
Phone _____	Phone _____
Instrument _____	Instrument _____
Honors/Awards _____	Honors/Awards _____
3. Name _____ Grade _____	4. Name _____ Grade _____
Address _____ _____	Address _____ _____
Phone _____	Phone _____
Instrument _____	Instrument _____
Honors/Awards _____	Honors/Awards _____
5. Name _____ Grade _____	6. Name _____ Grade _____
Address _____ _____	Address _____ _____
Phone _____	Phone _____
Instrument _____	Instrument _____
Honors/Awards _____	Honors/Awards _____

**Please see reverse side for additional nominations.**

7. Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Instrument \_\_\_\_\_  
Honors/Awards \_\_\_\_\_

8. Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Instrument \_\_\_\_\_  
Honors/Awards \_\_\_\_\_

9. Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Instrument \_\_\_\_\_  
Honors/Awards \_\_\_\_\_

10. Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Instrument \_\_\_\_\_  
Honors/Awards \_\_\_\_\_

11. Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Instrument \_\_\_\_\_  
Honors/Awards \_\_\_\_\_

12. Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Instrument \_\_\_\_\_  
Honors/Awards \_\_\_\_\_

**Director Information:**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please return this information via email, mail or fax by Tuesday, November 1<sup>st</sup>.**

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