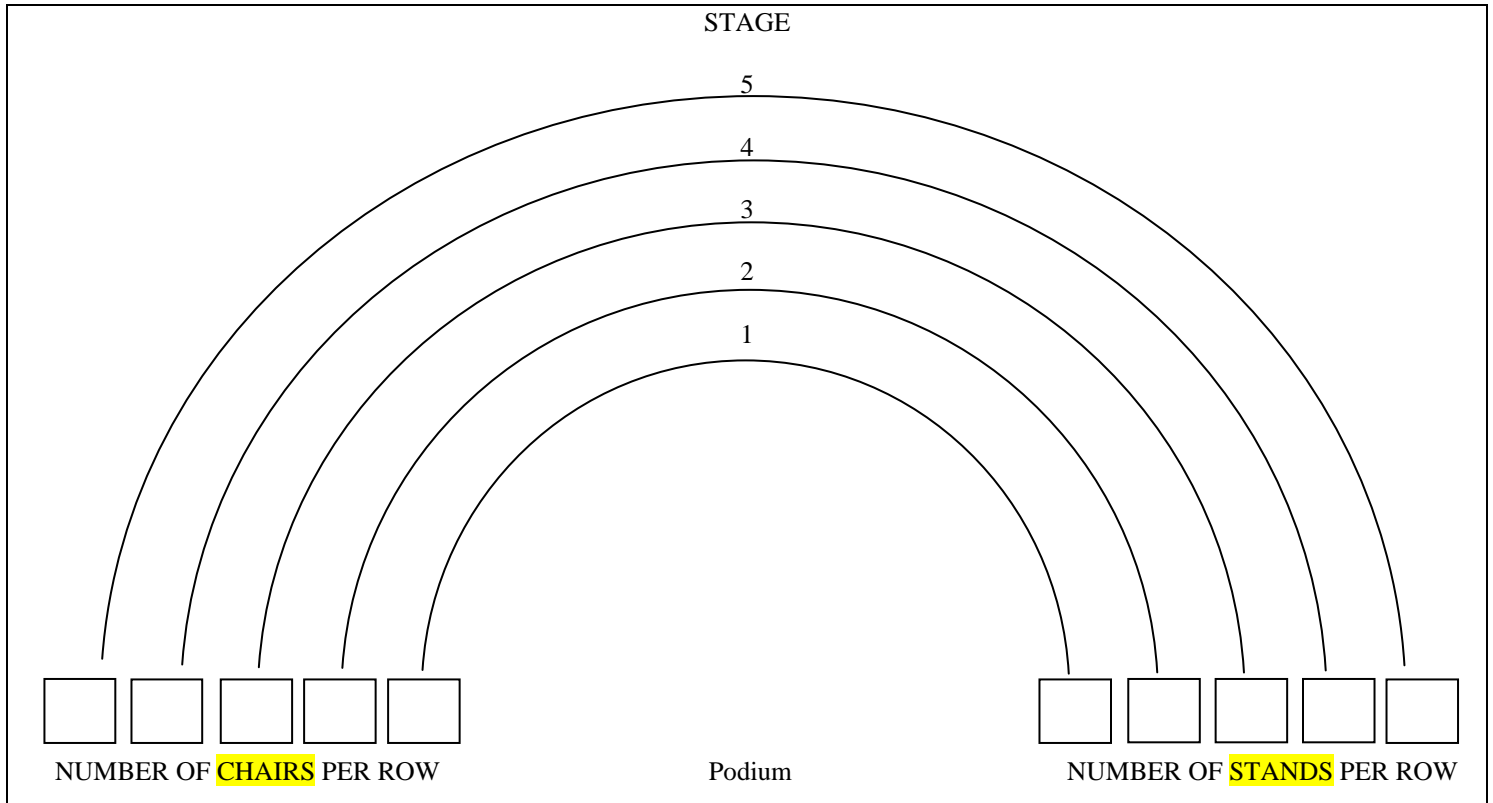




BAND SETUP FORM

ENSEMBLE NAME – SCHOOL – CITY – STATE

DIRECTOR



- | | | | |
|-----------------|------------------------------|-----------------------------|-------------------------|
| Sound system | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Microphones | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, how many? _____ |
| Stage shells | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, how many? _____ |
| Choral Risers | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Band Risers | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, how many? _____ |
| Director podium | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Piano | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

Additional Instructions