

2019 Texas Two-Year College All State Choir

ALTERNATE STUDENT REGISTRATION FORM AND INVOICE

Ucxg'vj ku'lt o 'vq'f qwt 'eqo rrwgt 0'Ego rrvvg'k'wukpi 'Cf qdg'Cet qdcv'Tgcf gt 0'Rrgcug'v'rg'kp'vj g'dqzgu'dgrny 0
 Email this completed form to the Executive Secretary.

College/Institution Name:* _____

College Street Address:* _____ City* _____ Zip* _____

Director Work Phone-Ext:* _____ Director Work Fax:* _____

Director Work Email:* _____

Director Name:* _____

Director Home Street Address:* _____ City* _____ Zip* _____

Director Cell Phone:* _____ Director Home Phone:* _____

Director Home Email:* _____

Certified Alternates *Please list only called alternates in the spaces below.*

* These names should MATCH those found on the Student Verification Form. *

Voice Part*								Student Name*	Height *		
S1	S2	A1	A2	T1	T2	B1	B2		ft	in	
_____								_____	ft	_____	in
_____								_____	ft	_____	in
_____								_____	ft	_____	in
_____								_____	ft	_____	in
_____								_____	ft	_____	in

Fees for Alternate Student Registration Only

*Number of Students: _____ X = _____

*Number of Additional CDs: _____ X = _____

*Number of Performance DVDs: _____ X = _____

*Bundled Performance CD & DVD: _____ X = _____

TOTAL _____

\$85.00 Registration Fee for Student Participation

TTCCDA EIN ID #742978514

Due on or before Feb. 13, 2019

I will be paying by check _____ by credit card using PayPal

To pay using a credit card, click the Click to Pay button above. If paying by check, please make checks payable to TTCCDA and mail payment to:

Dr. Jim Lee, Executive Secretary/Treasurer, TTCCDA, P.O. Box 4374, Beeville, TX 78104

NOTE: After auditions and alternates have been called, all directors must register their students with TMEA online at <http://www.tmea.org/> -- Directors must fill out the participation form, pay the \$25 TMEA fee per student, and mail the forms with a check to TMEA by the TMEA deadline or pay the membership fees at TMEA Wednesday before the first rehearsal.

ROOM LIST

Please fill out ALL requested information.

Room #1

Room #2

Student Names

Student Names

Please answer the following

question:

Do you wish for your students to share hotel rooms with other colleges?

Yes

No

Please communicate special dietary needs for students to the Executive Secretary Treasurer below.

(Indicate number of students and type, i.e. Allergies, Vegan, etc.)

Please save this file to your computer and email it to Dr. Jim Lee at jleeTTCCDA@gmail.com