MHSAA STATE PERFORMANCE ASSESSMENT

FORM 3C

CENTRAL REGISTRATION FORM & INVOICE

Due: January 14, 2023

Incomplete forms or forms without payment will NOT be accepted or scheduled.

School_____ **Director**_____

Cell Phone_____ **Email**_____ **School Classification**_____

Accompanist_____ **Sight Reading Level**_____ **Sight Reading Voicing**_____

Preferred Date_____ **Preferred Time**_____ **Travel Time (One Way)**_____ **Travel Mileage (One Way)**_____

Voicing & Type Choir or Ensemble	**# in Group**	**SELECTION AND COMPOSER/ARRANGER TO BE PERFORMED** *(1 from Lists & 1 Director's Choice (DC) or 2 from Lists)*	**SELECT CHOICE:** MS	TX	FL	DC
		1.				
		2.				
		1.				
		2.				
		1.				
		2.				
		1.				
		2.				
		1.				
		2.				
		1.				
		2.				
		1.				
		2.				
		1.				
		2.				
		Total # of Participants	**FOR MHSAA OFFICE ONLY** CK# Date			
	x $5.00	Fee per Participant per Group	PO# Date			
		Total Cost for Participants	From			
	+ $40.00	***Required*** Assessment Data Fee (Audio Recording)	Amount			
Total Due		**Amount Due: Payable to MHSAA (Prior to Event)**	Date Deposited			

Submit completed **Form with Payment/PO: (postmark by January 14, 2023)**
Jordan Langworthy, Central Site Coordinator
534 Oak Park Circle; Pearl, MS 39208
jlangworthy@madison-schools.com

Choral Director's Signature **Date** **Principal's Signature (Required)**