Festival of Winds

May 10, 2014 Nomination Form

Please duplicate as needed.

MUST BE POSTMARKED BY FEBRUARY 28, 2014

Please e-mail (**fannin@hendrix.edu**), fax to (**501**) **450-1437**, or mail to: Dr. Karen Fannin, Director of Bands Hendrix College 1600 Washington Ave. Conway, AR 72032 Before nominating a student, please confirm their availability.

To be completed by the student:

Last Name:	First	Name:			
Address:	City:	State:	Zi	ip:	
Telephone:	Grade: Fr	So Jr Sr			
Instrument:	Chair in yo	ur band:			
Consistent Range: From	to (le	ow to high)			
Private Teacher's Name (if applicab	le):				
List your musical honors (All-Regio	n, All-State, Sol	o/Ensemble, oth	ner honor	bands, etc.).	Please be
specific, (i.e. include chair informati	on, etc.)				
If selected, I will participate in the 2	014 Festival of	Winds. (sign naı	me)		
			,		
To be completed by the director / 1	teacher:				
Director's Name:	Sc	hool:			
School Address:		State:	_Zip:		
Director's E-mail address:		School Phone:			
Home Phone or cell:					
Please rank this student (in comparis	son to the other s	students you hav	ve nomina	ated)	
Please rate this student in the follow	ing areas on a 1-	5 scale (5 the hi	ighest).		
Tone Technique Rhy	thmic Accuracy	Intonatio	on	Musiciansh	ip
For percussionists , please indicate thighest.)	•				•
Snare drum Mallets	Timpan	i Auxilia	ry	_	
Please comment on this student (muse Please be thorough Please indicate ins	n as this is the or	nly guide used in	n the sele	ction process	
				.5	

Signature of Director / Teacher: