



# OPTIONAL BACKGROUND INFORMATION FORM

**Band Directors** – *please photocopy as needed and attach to the front cover of the (2 copies) conductor’s scores for your first selection to be performed. NOTE: This form is optional.*

**PLEASE PRINT CLEARLY**

Performance Date: \_\_\_\_\_ Performance Time: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Band: \_\_\_\_\_

Name of Director: \_\_\_\_\_

Amount of rehearsal time per week: \_\_\_\_\_

General level of experience: \_\_\_\_\_

Comments about the group (background information and factors to be considered in the clinic so the adjudicator’s comments can be as helpful as possible.)

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