



# FIVE STATE HONOR BAND

## PARTICIPATION FEE INVOICE

SCHOOL NAME : \_\_\_\_\_

DIRECTOR: \_\_\_\_\_

Number of Students \_\_\_\_\_ x \$13.00 = \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO:

Five State Honor Band  
PO Box 1307  
Guymon, OK 73942

Please mail check prior to CLINIC or  
bring check the day of CLINIC.