

# The FZN River City Showcase Registration Form

**(Please return by September 1<sup>st</sup>)**

Late entries via waiting list accepted on a first come basis after September 1st

**School Name** \_\_\_\_\_

**Band Name** \_\_\_\_\_

**School Address** \_\_\_\_\_

*Street Number and Street Name*

\_\_\_\_\_  
*City, State, Zip*

**Band Director (s)** \_\_\_\_\_

**School phone:** \_\_\_\_\_

**Home or cell phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

Percussion Instructor \_\_\_\_\_

Guard Instructor \_\_\_\_\_

School Enrollment \_\_\_\_\_ Total in band (including guard) \_\_\_\_\_

**Number of Buses (estimated)** \_\_\_\_\_

**Number of Support Vehicles (estimated)** \_\_\_\_\_

\*\*\*\*\*

*Entry Fee \$200*

*Included* \_\_\_\_\_

*Will be mailed later* \_\_\_\_\_ *(must be received by Sept. 1st)*

**\*\*Mail to:**

**FZN Band Boosters  
P.O. Box 154  
O'Fallon, MO 63366**