DRAKE UNIVERSITY HIGH SCHOOL HONOR BAND FESTIVAL

DECEMBER 5-6, 2025

STUDENT MEMBERSHIP APPLICATION (Please Print)

Name	Instrument		
Home Address			
street Parent or Guardian	city Home	state e Phone <u>(</u>)	zip
Name of School			
Grade in SchoolHow l	ong have you playe	ed your instrum	nent?
List awards and honors (Contes	t ratings, honor ba	nds, etc.)	
Part and Chair in your high sch	ool band Part_	Chair(1st, 2nd)	
Have you been a member of All-	State Band/Orches	tra?	Yes_No_
Have you been selected as an al	ternate to All-State	e?	Yes_No_
Were you a member of the 2024	Drake Honor Band	1?	Yes_No_
Did you apply for membership i	n the 2024 Drake H	Ionor Band?	Yes_No_
Are you considering a collegiate career in music?			Yes_No_
Are you interested in auditioning	ng for a Drake Musi	c Scholarship?	Yes_No_
Signature of Applicant			