1st Round Audition Registration Form
2008-09

_____ _____

Name of School **Teacher's Name and Phone Number**

_____**No. of students X $10 =** _____ _____

(make checks payable to District IV CDA) **School Phone Number**

_____**District IV CDA Fee = $25** _____ **Check Total** ($10/student + $25 Director Fee)

(Choose 1st and 2nd preference)

Student Name	Voice Part	Student Phone	All-State	District	All-Parish	8-11am	11am-12:30pm	1pm-3:30pm
Example: John Doe	B1	222-1234		✔			1	2

Mail to: Steve Galliano, Catholic High School, 855 Hearthstone Dr., Baton Rouge, LA 70806.
Postmark Deadline: Monday, August 25, 2008