

**NWMMEA District 1**

**All-District Band Audition Invoice**

School Name: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email/Mobile Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Description: Northwest All-District Band Audition fee @ \$13.00 each

Total Amount Due: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

\*Purchase orders in lieu of payment are not accepted by mail or at the audition site. Make checks payable to NWMMEA District 1 and submit at audition registration in St. Joseph. W-9 forms available by request. If you have any questions, please contact me via telephone or email.

NWMMEA DISTRICT 1  
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