

## Clinic Request Form

School Name:	Date:
Teacher's Full Name:	School Phone Number (with ext):
Teacher's Cell Number:	Email:
School Address:	Billing Address (if different than school):
Clinic Date:	Clinic Start Time:
Grade Level of Clinic:	Clinic End Time:
Ensemble Type:	Clinic Location:

Type of Conductor Required:	
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**Please indicate the number of each clinician required in the fields below.**

**\*\* Please keep ratios under 10 students per clinician\*\***

Flute		Drum Set	
Oboe		Electric Bass	
Clarinet		Acoustic Bass	
Bass Clarinet		Acoustic Guitar	
Bassoon		Electric Guitar	
Alto Saxophone			
Tenor Saxophone		Violin	
Baritone Saxophone		Viola	
Trumpet		Cello	
French Horn		String Bass	
Trombone		Voice - Soprano	
Baritone/Euphonium		Voice - Alto	
Tuba		Voice - Tenor	
Percussion		Voice - Bass	

*Special Requests*