IMEA Festival & Clinic Performance Info Sheet

Ensemble Name

School Represented

Director(s) Name(s)

Accompanist Name

Selections:

(Title)  (Composer)

(Title)  (Composer)

(Title)  (Composer)

Please share with us any circumstances affecting your group that you would like the clinicians to know (i.e. how often your group rehearses if not daily, student situations, etc.).

Include a copy of this completed sheet with each set of clinician's scores.