

WASHINGTON STATE AUTUMN LEAF FESTIVAL BAND APPLICATION
SEPTEMBER 26, 2009 12:00 P.M.

Please type or print. Complete information is needed not later than **September 14, 2009.**

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

School Represented/Private Sponsor: _____

Community Represented: _____

Person (s) in Charge: _____

(W) Phone: _____ (H) Phone: _____ E-Mail _____

Age of Participants: _____ Number of Participants: _____

Junior High School Enrollment: _____ Senior High school Enrollment _____

Judging Categories: (Check One):

_____ AAAA – 1,201 and up _____ AAA – 601 to 1,200 _____ AA – 301 to 600 _____ A – 151 to 300

_____ B – Up to 150

Private: _____ Senior _____ Junior _____ Adult

Please give a complete description of your entry and any other information, i.e. awards, special interests, uniforms, etc. We will use this information for publicity.

Please return the following with application:

1. Evidence of insurance for both bodily injury and property damage liability single limits of \$1,000,000.00
2. Signed Indemnity Agreement.
3. Signed Rules and Regulations.

PLEASE RETURN FORMS TO: WA STATE AUTUMN LEAF FESTIVAL, PO BOX 116, LEAVENWORTH, WA 98826

