Extra-Curricular Ensemble Verification Log

(10 points/semester. The ensemble should rehearse at least twice a month for one hour or the equivalent.  *Please be sure to add up your total points and write them in the space above.*)

Ensemble Name: __________________________________________________________

Director’s Name: _________________________________________________________

Director’s Phone Number: _________________________________________________

Role in the Ensemble: _____________________________________________________

How many times a week do you rehearse and for how long?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Director Signature: _______________________________________________________

(Ensemble Director’s signature is required to verify that rehearsals took place.)

Student Signature: _________________________________________________________

Parent Signature: _________________________________________________________

**THIS FORM MUST BE STAPLED TO YOUR LETTER APPLICATION**