

West Virginia Music Educator's Association

Solo and Ensemble

Change of Region Request Form

Please complete ALL of the requested information and forward to the state Solo and Ensemble director. Information must be complete before any action can be taken.

General Information

School Name: _____ Teacher's Name: _____

Student / Ensemble Name: _____

Teacher's Phone: _____ Teacher's Email: _____

Teacher's Signature: _____

Proposed Festival Change

Change From

Change To

Region: ____ Region Director: _____ Region: ____ Region Director: _____

Festival Location: _____ Festival Location: _____

Festival Date: _____ Festival Date: _____

Festival Change Request

Please explain the reason for your requested change.
