

UCF All-State Preparation Clinic  
Director Registration Form  
Saturday August 29, 2009

Name \_\_\_\_\_

School Name \_\_\_\_\_

School Street  
Address \_\_\_\_\_

City & State \_\_\_\_\_

Zip Code \_\_\_\_\_

E-mail address \_\_\_\_\_

Return Address:

UCF All-State Preparation Clinic  
C/O John Almeida  
UCF Department of Music  
4000 Central Florida Blvd.  
Orlando, FL 32816-1354