State Performance Assessment Registration

Due to JH State President by Saturday, January 16, 2027

with Check Payment or Purchase Order

School _____ Region (circle one) NORTH | CENTRAL | SOUTH

Director _____Cell Phone: _____Email: _____

Approximate Travel from School to Festival (ONE WAY): Mileage_____ Travel Time _____

Preferred Date to Attend_____ Preferred Time of Day____ Accompanist's Name_____

Incomplete forms or forms without payment will NOT be accepted or scheduled.

Type of Choir or Ensemble	# in Group	SELECTION AND COMPOSER/ARRANGER TO BE PERFORMED				
		1.				
		2.				
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		2.				
		Total # of Participants	**FOR** MMEA **OFFICE ONLY** CK# Date PO# Date From Amount Date Deposited			
	X $6.00	Fee per Participant Per Group				
		Total Cost for Participants				
	+ $40.00	***Required*** Assessment Data Fee (Audio Recording)				
Total Due		**Amount Due: Payable to MMEA (Prior to Event)**				

MS List: https://msmea.org/high-school-division/ **TX List:** https://www.uiltexas.org/pml/ **FL List**: https://fva.net/mpa/music-list/

1. Make payments payable to **MMEA** in the form of a **CHECK or PURCHASE ORDER**.

2. Email **Form** = to msmeajhdivisionpresident@gmail.com

3. Mail both Form and payment (**postmarked by January 15, 2027**) to the JH State President:
Dr. Lynn Holliman: 3515 Hwy. 1 South Greenville, MS 38701

Director's Signature **Date** **Principal's Signature (REQUIRED)**