



Participant Entry Form

Please return entry form with résumé.

NAME _____

ADDRESS _____

—

CITY, STATE, ZIP _____

EMAIL _____ PHONE NUMBER _____

PARENTS' NAME-

SCHOOL REPRESENTED _____

BAND DIRECTOR _____

SCHOOL ADDRESS _____

CITY, STATE, ZIP _____

NEWSPAPER & ADDRESS _____

Please return to:
Harvest of Harmony, Grand Island Chamber of Commerce,
309 West Second Street, Grand Island NE 68801