

GUILFORD LEVEL ONE ENSEMBLE
EXTRA ENSEMBLE PARTICIPATION VERIFICATION SHEET

This form verifies that _____ has been regularly attending
(Student Name)

rehearsals and has performed with _____
(Name of Performing Group)

TITLES OF PIECES INCLUDED:

Please list rehearsal dates & times:

Performance Dates this Quarter:

ENSEMBLE DIRECTOR'S INFORMATION

Name: _____ Signature: _____

Day phone #: _____ Alternate # (optional): _____

Email: _____

Comments: