



Mississippi Bandmasters Association

www.msbandmasters.com

MBA State Band Clinic Student Fee Invoice

INVOICE

PO # _____

Please Complete the following information:

School Name: _____

Band Director Name: _____

MBA State Band Clinic Student Fee is \$200 per student for the clinic.
There is not a separate charge for Wednesday night.

Item	Quantity (No. of Students)	Cost Per Student	Total Cost
Student Clinic Fee	_____	X \$200 =	\$_____

Please remit payment to:

Mississippi Bandmasters Association
P.O. Box 5217
Brandon, MS 39047