Student Registration Information
Colorado All-State Bands April 9-11, 2026

Students participating in the All-State Bands are required to attend every activity, rehearsal and performance.

This form (with ALL signatures) must be submitted by your director, no later than February 13 (via the school drop folder found on the directors page of the website). Directors will be notified of missing/incomplete forms on Monday, February 16 and given an extension (to March 1) to complete/submit the forms. If the completed form is not received by March 1, the student will not be allowed to participate in the Colorado All-State Band.

STUDENT INFORMATION:

_____ _____
Name Instrument

_____ _____ _____
School Band Director Name Band Directors Email Address

CHAPERONE INFORMATION

ALL Students **must** have an adult chaperone that is school district and parent approved in Greeley for the entire duration of the All-State Band event. ***All-State Sponsors/Chaperones may be a member of the school staff; from the staff of another school within the district; a member of school staff from a neighboring district; or a parent/guardian and must be approved by a school administrator on this form.***

_____ _(____)_____
Chaperone's Name Chaperone's Cell Phone

HOUSING INFORMATION

Where will the student be staying for the event? Housing MUST be confirmed before submitting this form.

☐ Doubletree (919 7th St) ☐ Fairfield Inn (2401 W. 29th St.) ☐ Homewood Suites (2510 46th Ave)
☐ Best Western (2563 W. 29th St.) ☐ Country Inn (2501 W. 29th St.) ☐ Days Inn (5630 W. 10th St.)
☐ Candlewood Suites (3530 W. 29th St.) ☐ Comfort Inn (2467 W. 29th St.)
☐ Students Home/Other: Address: _____

REGISTRATION PAYMENT INFORMATION

The registration fee for the 2026 Colorado All-State Bands is $50 if paid by your school prior to January 31st (directors should pay from the CBA website), or $55 if paid between February 1 and March 27. The last day to pay via the CBA website is Friday, March 27. Anyone that has not paid by that date must pay $75 per student by check or cash only (no credit card) at registration, or the student will not be allowed to participate.

HEALTH INFORMATION

_____
_____
_____
Please list any health conditions or allergies we should be aware of.

FOOD CONCERNS/ALLERGIES

The Saturday lunch (provided) will include cheese, vegetarian and meat pizzas, dessert and drinks. Please let us know if you will NOT be able to eat the planned lunch and will need a special meal

☐ None – Student can eat the pizza lunch ☐ Lactose Intolerant ☐ Celiac
☐ Other (describe) _____

PARENT/GUARDIAN SIGNATURE

I approve the above named student to attend the All-State Band event, and approve the above named chaperone and housing information. I have completed any relevant health and food information, and understand that failure to follow the school and event expectations, including registration payment will result in my child being removed from the group.

_____ _(____)_____
Parent/Guardian Signature Parent/Guardian Cell Phone

SCHOOL ADMINISTRATOR SIGNATURE

I acknowledge that this student is currently enrolled in band and will be held to our school eligibility requirements. I also approve the above named person to chaperone our students and to represent our school at the event.

_____ _____
School Administrator Signature Position