



Northwestern All-District Band Clinician Nomination Form

Circle the Nomination Level (** See note below about AoE Winner)

MS Sym Band
(6-8)

HS Concert Band
(9-12)

HS Sym Band
(9-10)

HS Sym Band
(11-12)

Name of Clinician Being Nominated: _____

Contact Info for Nominated Clinician: _____
(phone number/email address)

Name of Person Making Nomination: _____

Contact Info for Person Making Nomination: _____
(phone number/email address)

Bio About the Clinician: _____

Signature

**** Note:** *The District Award of Excellence winner will have the option to conduct the MS Concert Band or 9-12 High School Concert Band depending on the level they teach.* **

(Turn-in this form at the beginning of the business meeting.)