



# Marching Blazers

## All-Star Marching Band Day

### Band Director Nomination Form

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Student Name \_\_\_\_\_ Student phone \_\_\_\_\_

High School \_\_\_\_\_ Primary Instrument \_\_\_\_\_

Director Name \_\_\_\_\_  Head Director  Assistant Director

School phone \_\_\_\_\_ Director Email \_\_\_\_\_

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#### THIS SECTION IS TO BE COMPLETED BY YOUR BAND DIRECTOR

	YES	NO
Current member of school band	<input type="checkbox"/>	<input type="checkbox"/>
Musicality	<input type="checkbox"/>	<input type="checkbox"/>
Sightreading	<input type="checkbox"/>	<input type="checkbox"/>
Marching fundamentals	<input type="checkbox"/>	<input type="checkbox"/>
Ability to march while playing	<input type="checkbox"/>	<input type="checkbox"/>
Music preparation/memorization	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>
Academic success	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>

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How long have you known this student? \_\_\_\_\_ And in what capacity? \_\_\_\_\_

Please sign to indicate nomination of this student to participate in the UAB All-Star Band Day:

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#### **Return this form at your earliest convenience**

Email: [spmurray@uab.edu](mailto:spmurray@uab.edu)

Phone: 205-975-2263

UAB Marching Blazers  
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