

Iowa Bandmasters Association

REQUEST TO CHANGE IBA DISTRICTS

The _____ requests to change from
(School District Name)

_____ to _____
(IBA District) (IBA District)

We understand that all instrumental **music/band** activities, which we elect to participate at the district level, must be in the new district. *See IBA resolution number 34.*

Reason for request _____

Approvals: Printed, followed by **signature** on second line

High School Band Director _____

Junior High/Middle School Band Director _____

Elementary Band Director _____

Superintendent _____

High School Principal _____

Junior High/Middle School Principal _____

Elementary Principal _____

IBA President: _____ Approve _____ Deny

Signature

Date