

# MUSIC CHECK OFF FORM

Music Check Off #: \_\_\_\_\_

Student Name: \_\_\_\_\_ Instrument: \_\_\_\_\_

Captain: \_\_\_\_\_

Music to be Performed: \_\_\_\_\_

Date Due: \_\_\_\_\_

1.) Played for Director  Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Director's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) Played for Captain  Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Passed: Yes  No  Comments: \_\_\_\_\_  
*(Yes, proceed to Final Check-Off)*  
\_\_\_\_\_  
\_\_\_\_\_

3.) Played for Captain  Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Passed: Yes  No  Comments: \_\_\_\_\_  
*(Yes, proceed to Final Check-Off)*  
\_\_\_\_\_  
\_\_\_\_\_

4.) Played for Captain  Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Passed: Yes  No  Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final Check off Date: \_\_\_\_\_ Director's Signature: \_\_\_\_\_ Points: \_\_\_\_\_