

DIVISION 5 SBA



Musicians Manifest & Band Biography



# SECTION 4 - MUSICIANS MANIFEST

Please complete legibly with christian and surname of each band member in the Stage Band Awards.

If there is a change in instrument player between the three musical pieces, please indicate who is first or doing solo

INSTRUMENT	NAME	SET PIECE	BALLAD	OWN CHOICE	YEAR LEVEL
ALTO SAXOPHONE 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ALTO SAXOPHONE 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TENOR SAXOPHONE 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TENOR SAXOPHONE 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BARITONE SAXOPHONE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TRUMPET 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TRUMPET 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TRUMPET 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TRUMPET 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TRUMPET 5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TROMBONE 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TROMBONE 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TROMBONE 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TROMBONE 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PIANO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GUITAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BASS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DRUMS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VIBRAPHONE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PERCUSSION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	