



SCARBOROUGH BAND BOOSTERS

INVOICE FOR MBDA CONCERT BAND FESTIVAL

Number of Bands Participating _____

Fee per band: ***MBDA Member = \$125***
Non Member = \$150

Total Amount Due _____

Please make check payable to Scarborough Band Boosters

Mail to: Concert Band Festival
c/o Scarborough Band Boosters
P.O. Box 6564
Scarborough, ME 04070-6564

Please submit application along with payment or valid P.O. by March 7, 2008.