



Photography by Howard Rockwin Enterprises

HOWARD K. ROCKWIN • PHOTOGRAPHER
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OREGON MUSIC EDUCATION ASSOCIATION • 2024

Dear Music Participant,

This is to let you know that 8"x12" photographs will be taken of your entire musical performance group as well as the instrument or voice section in which you are performing (please note, these are not individual portraits). Each photo can be purchased for \$18 and will be mailed to the address provided below within 6 weeks of the concert.

PLEASE COMPLETE ALL INFORMATION

Please check off desired musical group and indicate instrument played if purchasing a "section" photo:

	# OF GROUP PHOTOS	# OF SECTION PHOTOS	
<input type="checkbox"/> Elementary Honors Choir	_____	_____	Circle one: Part 1 Part 2
<input type="checkbox"/> All-State Middle School Band	_____	_____	Instrument: _____
<input type="checkbox"/> All-State Middle School Orch.	_____	_____	Instrument: _____
			PLEASE INDICATE 1ST OR 2ND VIOLIN
<input type="checkbox"/> All-State Middle School Tenor & Bass Choir	_____	_____	Circle one: TEN1 TEN2 BASS1 BASS2
<input type="checkbox"/> All-State Middle School Treble Choir	_____	_____	Circle one: SOP1 SOP2 ALTO1 ALTO2
<input type="checkbox"/> All-State High School Jazz Ensemble	_____	_____	Instrument: _____
<input type="checkbox"/> All-State High School Symp. Band	_____	_____	Instrument: _____
<input type="checkbox"/> All-State High School Wind Ensem.	_____	_____	Instrument: _____
<input type="checkbox"/> All-State High School Orchestra	_____	_____	Instrument: _____
			PLEASE INDICATE 1ST OR 2ND VIOLIN
<input type="checkbox"/> All-State High School 9-10 Choir	_____	_____	Circle one: SOP1 SOP2 ALTO1 ALTO2 TEN1 TEN2 BASS1 BASS2
<input type="checkbox"/> All-State High School 11-12 Choir	_____	_____	Circle one: SOP1 SOP2 ALTO1 ALTO2 TEN1 TEN2 BASS1 BASS2

I wish to purchase _____ group photos (\$18 each) _____

I wish to purchase _____ musical section photos (\$18 each) _____

SHIPPING **\$4.00** _____

TOTAL _____

STUDENT NAME: _____

ADDRESS: _____
STREET TOWN STATE ZIP

PHONE: _____ EMAIL: _____

CREDIT CARD/DEBIT (circle one) _____ EXP DATE _____ SECURITY CODE _____

CHECK #: _____

**PLEASE RETURN THIS FORM, WITH CHECK MADE PAYABLE TO: MUSICAL MEMORIES (TO THE ADDRESS ABOVE)
ORDERS PLACED 60 DAYS AFTER DATE OF CONCERT MUST ADD \$5 TO TOTAL**

Visit us at: www.musicalmemoriesphotography.com for additional forms