



California Music Educators Association
Central Coast Section



**Unanimous Superior Plaque
Order Form**

School _____

Director's Name _____

Mailing address _____

City _____ State _____ Zip _____

Group Name _____

Name of Festival _____

Date of Festival _____

Festival Chair's Name _____

Festival Chair's Confirming Signature _____

Mail this form and a check for \$80 payable to CMEA-CCS Treasurer or Event chair.



California Music Educators Association
Central Coast Section



**Festival Medals
Order Form**

Name of Festival _____

Date of Festival _____

School _____

Director's Name _____

Mailing address _____

City _____ State _____ Zip _____

Director Phone: _____

Director Email _____

Medals	Blue (Superior)	Red (Excellent)	Gold (Good)	Medal Total	Total x \$8.00

Mail this form and a check payable to CMEA-CCS Treasurer or Event chair.