

## Clinic / Visit Form

Director Name: \_\_\_\_\_ Requested Visit Date: \_\_\_\_\_

School: \_\_\_\_\_

How many in your ensemble/group? \_\_\_\_\_ Other \_\_\_\_\_

School Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Clinic Time: \_\_\_\_\_ to \_\_\_\_\_

Do you need Percussion? Yes [ ] No [ ] How many chairs? \_\_\_\_\_ Stands? \_\_\_\_\_

What kind and number of vehicles are you bringing? \_\_\_\_\_

Do you want a Music Building Tour? Yes [ ] No [ ]

If possible, would you like a color guard clinic (\$50 fee)? Yes [ ] No [ ]

What Percussion will you need (\$50 fee)? Marimba [ ] Vibraphone [ ] Xylophone [ ]  
Chimes [ ] Glockenspiel [ ] Bass Drum [ ] Timpani [ ] (*Indicate size*) 20 23 26 29 32  
Tam-Tam (1) [ ] Piano [ ] Other [ ] \_\_\_\_\_

**Percussion set-up/use (\$50 Fee):** \_\_\_\_\_

**Color guard clinician *if available* (\$50 Fee):** \_\_\_\_\_

Office Use Only: Percussion set-up / Color guard: \_\_\_\_\_

Amount Owed \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

*Make check payable to: Fresno State*

Clinic(s) with?  
\_\_\_\_\_

CONTACT: \_\_\_\_\_ at 559-278-6800 (fax) or 559-278-2654 (off.)

Fresno State Music, 2380 E. Keats Ave MB77, Fresno, CA 93740-8024