

STOW-MUNROE FALLS HIGH SCHOOL
BAND HONORS PROGRAM Revised for 2015-16

WORKSHOP/CLINIC REVIEW: 2 POINTS

NAME _____

CLINIC TITLE: _____

LOCATION _____

DATE _____

CLINICIAN _____

WHAT WAS THE BACKGROUND OF THE CLINICIAN?

WHAT DID THE CLINIC/WORKSHOP COVER?

WHAT DID YOU LEARN?

WERE YOU GIVEN ANY MATERIALS?

PLEASE SUBMIT A PROGRAM OF THE EVENT.

CREDIT AWARDED _____