**FORM 4 – STAGE PLAN**

**SOUTH AUSTRALIAN BAND ASSOCIATION**

**State Band Championships**

**Saturday 23rd August 2025**

**BAND SEATING PLAN**

|  |  |
| --- | --- |
| **Name of Band:** |  |

|  |  |
| --- | --- |
| **Section Entered:** |  |

Please indicate layout and number of seats (O) and music stands (X) required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Seats Required:** |  | **Stands Required:** |  |

|  |  |  |
| --- | --- | --- |
| **Power Required :** | Yes / No  |  |

**Layout**

|  |
| --- |
| PERCUSSION |

|  |
| --- |
| CONDUCTOR |

**This form is to be received by the SABA Contest Convener by Friday 8th August 2025**

This form can be uploaded via link sent to bands or emailed.

contests@sabandassociation.org

South Australian Band Association

PO Box 309, North Adelaide 5006