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America's 400th Anniversary
National Festival of the States

Official Name of Group _____
(as it will appear in printed material)

Mailing Address _____

City, State, Zip _____

Phone _____ Fax _____ Email _____

Director's Name _____

Home Address _____

City, State, Zip _____

Home Phone _____ Fax _____ Email _____

Tour Coordinator (if different) _____

Home Address _____

City, State, Zip _____

Home Phone _____ Fax _____ Email _____

Authorized Signature _____

Title _____ Date _____

Please complete Registration Form (both sides). Mail completed form and \$1,000 to:
Music Celebrations International, L.L.C, 1440 S. Priest Drive, Suite 102, Tempe, AZ 85281
Make check payable to *Music Celebrations International*
50% of deposit is refundable for thirty days after receipt by MCI

Probable Tour Departure Date: _____

Choose one: ? ? 1 night Virginia, 2 nights Washington D.C ?
 ? 2 nights Virginia, 2 nights Washington D.C.

Estimated number of participants: _____

Estimated total number in your group (participants and non-participants): _____

How did you hear about this opportunity? _____

Are there other groups that you would recommend for this? _____

Diversity of your ensemble:

The organizers of America's 400th Anniversary are dedicated to have participating groups that reflect the rich and varied cultural diversity that is America. Please give us information about the diversity that your ensemble can provide to this event:

Please submit the following within 30 days:

- A SAMPLE RECORDING (MP3 file or CD preferred) demonstrating quality of the ensemble (10 minutes is sufficient)
- A BRIEF BIOGRAPHY of the director
- A BRIEF HISTORY of the group
- PHOTO (preferably a digital photo in JPeg format)

All of the above can be E-mail to Dan Schwartz at dan@musiccelebrations.com

Please list three references who can endorse your group's performance quality:

	Name	Position	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



Music Celebrations International, L.L.C.

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