



REGISTRATION FORM



Lucerne Choral Festival

July 3-7, 2007

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 _____

Please choose your itinerary:

- ☐ #1 Festival only (4 night / 6 day)
- ☐ #2 Festival plus extension to western Switzerland (8 night / 10 day)
- ☐ #3 Festival plus extension to Italy (8 night / 10 day)
- ☐ #4 Festival plus extension to Austria & Germany (8 night / 10 day)
- ☐ #5 Festival plus extension to France & Germany (8 night / 10 day)
- ☐ #6 Festival plus extension to Paris (8 night / 10 day)
- ☐ Custom Itinerary _____

Authorized Signature _____

Title _____ Date _____

Please complete Registration Form (both sides). Mail completed form and \$1,500 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

Please complete:

Number of participants in the Festival (singers): _____

Total number in your group (singers *and* non-singers): _____

How did you hear about the Festival? _____

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

A complete repertoire list will be provided to each director. Singers are responsible to purchase and bring their own music.

Please submit the following within 30 days:

- " A SAMPLE RECORDING (CD preferred) demonstrating quality of the chorus (10 minutes is sufficient)
- " A BRIEF BIOGRAPHY of the director
- " A BRIEF HISTORY of the group
- " TOUR REPERTOIRE LIST (if extending your performing tour beyond the Festival)
- " PHOTO (preferably a digital photo in JPeg format, E-mailed to Dan Schwartz @ dan@musiccelebrations.com If this current information is available on a website, please provide the site address here http://_____)

Mark all recordings with the name of the group, the director, and date of the recording. All information listed above is necessary 1) for the Festival program, and 2) to obtain concert venues and to provide publicity for those choirs that choose to perform in other cities in addition to Wells.

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

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



Music Celebrations International, L.L.C.

1440 S. Priest Drive, Suite 102, Tempe, AZ 85281

www.musiccelebrations.com

(480) 894-3330 ♪ (800) 395-2036 ♪ fax (480) 894-5137

e-mail: info@musiccelebrations.com