



NATIONAL MEMORIAL DAY CHORAL FESTIVAL

Memorial Day Weekend - Washington, D.C.

May 22 - 25, 2009

REGISTRATION FORM

GROUP INFORMATION (PLEASE COMPLETE BOTH SIDES)

Official Name of Choir _____
(This name will appear on the Program, Awards and Press Releases)

Name of Organization/School _____

Street or P.O. Address _____

City, State, Zip _____

Organization/School Phone _____ Organization/School Fax _____

Director's Name _____

Home Address _____ Home City, State, Zip _____

Home Phone _____ Cell Phone _____ Email _____

Best time and place to call _____ Birthday (month/day) _____

Tour Coordinator's Name (if different) _____

Home Address _____ Home City, State, Zip _____

Home Phone _____ Cell Phone _____ Email _____

Best time and place to call _____ Birthday (month/day) _____

TRAVEL INFORMATION

Please choose your itinerary:

- Washington, D.C. Festival Tour Itinerary #1 (3 night / 4 day)
- Washington, D.C. Festival Tour Itinerary #2 (4 night / 5 day)
- Custom Itinerary _____

Please check one: Airline Transportation Motorcoach Transportation

Authorized Signature _____ **Date** _____

***Please submit the following
with this application:***

- \$1,500 Application Deposit**
(Deposit is refundable should your choir not be accepted).
- Audio Recording** (an MP3 file or a CD is strongly preferred!).

With your recording, please include:

- at least four selections
- the name of the choir
- the date(s) of performance(s)
- the titles and composers of all selections

- Biographical information** on the performing group and director.

***Please submit the following
within 60 days:***

- Preliminary list of music** to be performed (in order) with titles and composers/arrangers (***only*** if your choir will be performing outside the festival).
- Photos** of the performing group. A Jpeg file or a recent color or B&W photo requested (please mark the group's name on the back of the photo).

All of the above can be sent via e-mail to:
dan@musiccelebrations.com

PARTICIPANT & AUDITION INFORMATION

Estimated number of singers (your best estimate at this point):

Estimated total number of travelers (singers *and* non-singers):

How did you learn of this opportunity?

Are there other choirs you would recommend for this opportunity?

REFERENCES

Please list three references who can endorse the performance quality of your ensemble:

Name	Position/Title	Phone/E-mail
------	----------------	--------------

1 _____

2 _____

3 _____

**Complete Registration Form (both sides)
Mail this form, application materials and
\$1,500 application deposit to:**

**Music Celebrations International, L.L.C.
1440 S. Priest Drive, Suite 102
Tempe, AZ 85281-6954**

**Please make \$1,500 non-refundable
application deposit check payable to:
*Music Celebrations International***

**Deposit is refundable should your choir
not be accepted.**

