

LOS ANGELES ORCHESTRA FESTIVAL

Walt Disney Concert Hall

June 16, 2010

REGISTRATION FORM

GROUP INFORMATION

Official Name of Orchestra _____
(This name will appear in print)

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) _____

PARTICIPANT INFORMATION

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

Estimated total number of travelers: _____

TRAVEL INFORMATION & AUTHORIZATION

Please choose your tour itinerary:

- Standard Festival Tour—2 nights / 3 days
- Standard Festival Tour—3 nights / 4 days
- Custom Festival Tour # _____ (as customized through Music Celebrations)

Complete Registration Form
Mail this form and \$1,500 deposit to:

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

Please make \$1,500 deposit check payable to:
Music Celebrations International

Deposit is NON-REFUNDABLE

Authorized Signature _____ Date _____