



GROUP INFORMATION (PLEASE COMPLETE BOTH SIDES)

Official Name of Choir _____
(This name will appear on the Festival Program)

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 check your tour itinerary:

- 3 night / 4 day New York City Festival Tour Itinerary
- Custom Festival Tour Itinerary (through collaboration with Music Celebrations - please specify)

Please check one: Airline Transportation Motorcoach Transportation

Authorized Signature _____ **Date** _____

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

- \$1,500 Registration Deposit**
- 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

**Please submit the following no later
than 60 days before the festival:**

- One Photo** 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).
- Biographical information** on the performing group and director.

All of the above may be sent via e-mail to the Music Celebrations Performance Manager,
Daniel Schwartz:

daniel@musiccelebrations.com

PARTICIPANT 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 two references who can endorse the performance quality of your ensemble:

Name	Position/Title	Phone/E-mail
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1 _____

2 _____

**Complete Registration Form
(both sides)**

**Mail this form, registration materials
and \$1,500 registration deposit to:**

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

**Please make \$1,500 non-refundable
registration deposit check payable to:**

Music Celebrations International

**The Registration Deposit is
immediately non-refundable
upon receipt**



**MUSIC CELEBRATIONS
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Concert Tours with Integrity

Music Celebrations International

1440 S. Priest Dr., Ste. 102 | Tempe, AZ 85281-6954

800.395.2036 | www.musiccelebrations.com | info@musiccelebrations.com