



**36TH INTERNATIONAL CONGRESS OF
PUERI CANTORES
ROME, ITALY**

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Official Name of Choir _____
Mailing Address _____
City, State, Zip _____
Phone _____ Fax _____ Email _____

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Choir Director's Name _____
Home Address _____
City, State, Zip _____
Home Phone _____ Cell Phone _____
Email _____ Birthdate (month/day) _____

Tour Coordinator (if different) _____
Home Address _____
City, State, Zip _____
Home Phone _____ Cell Phone _____
Email _____ Birthdate (month/day) _____

**Please complete this Registration Form (both sides).
Mail completed form and registration deposit of \$1,500 to:
Music Celebrations International
1440 S. Priest Drive, Suite 102
Tempe, AZ 85281-6954
Please make the deposit check payable to *Music Celebrations International*
The deposit is immediately *non-refundable* upon receipt**



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REGISTRATION FORM

Please choose your Congress Tour Itinerary:

Congress Tour Itinerary #1 (6 nights / 8 days)
 Custom Congress Tour Itinerary (please specify below)

Authorized Signature _____

Title _____ Date _____

Estimated number of participants (singers): _____

Estimated total number (singers *and* non-singers): _____

How did you learn of this opportunity? _____

Are you currently a member of the American Federation Pueri Cantores?

Yes No

What other non-member catholic youth choirs would you recommend for this opportunity?

