

CAPITAL ORCHESTRA *Festival*

REGISTRATION FORM

GROUP INFORMATION

Official Name of Orchestra _____
(This name will appear in the Festival Program)

Name of Organization/School _____

Street or P.O. Address _____

City, State, Zip _____

Organization/School Phone _____ Organization/School Fax _____

Orchestra 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) _____

GROUP ITINERARY & AUTHORIZATION

- Please check one:
- 2 night / 3 day festival tour itinerary
 - 3 night / 4 day festival tour itinerary
 - Custom festival tour itinerary (as arranged through MCI – please specify below)

Departure date: _____

Authorized Signature _____ Date _____

Complete This Registration Form (both sides) and mail it
with your \$1,500 festival deposit to:

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

Please make festival deposit check payable to
Music Celebrations International

DEPOSIT IS 100%
NON-REFUNDABLE UPON RECEIPT

PARTICIPANT INFORMATION

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

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

How did you learn of this opportunity?

What other orchestras do you recommend for this opportunity?

Please submit the following with this registration form:

- \$1,500 Festival Deposit** - Deposit is 100% non-refundable upon receipt, unless your orchestra is not accepted.
- Recording** - a DVD recording is strongly preferred; if sending audio, an MP3 file or a CD is preferred. Please include the name of the orchestra, the date of performance, and titles and composers of all pieces.
- Biographical information** on the orchestra and the director.

REFERENCES

Please list two references who can endorse the performance quality of your orchestra:

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

1 _____

2 _____

Complete This Registration Form (**both sides**) and mail it with your \$1,500 festival deposit to:

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

Please make festival deposit check payable to
Music Celebrations International

**DEPOSIT IS 100%
NON-REFUNDABLE UPON RECEIPT**



**MUSIC CELEBRATIONS
INTERNATIONAL**

Concert Tours with Integrity

1440 S. Priest Drive, Ste. 102

Tempe, AZ 85281-6954

Toll-free: 800.395.2036 | Fax: 480.894.5137

www.musiccelebrations.com | info@musiccelebrations.com