

Application Form

Percy Grainger Wind Band Festival

March 26, 2011

Official Name of Band _____
(as it will appear in the festival program)

Organization Mailing Address _____

City, State, Zip _____

Phone _____ Email _____

Director's Name _____

Home Address _____

City, State, Zip _____

Home Phone _____ Fax _____ Email _____

Director's Birthdate _____

Tour Coordinator (if different) _____

Home Address _____

City, State, Zip _____

Home Phone _____ Fax _____ Email _____

Please choose your tour itinerary:

- 2 nights / 3 days
- 3 nights / 4 days
- Custom Tour Itinerary (please specify) _____

Authorized Signature _____

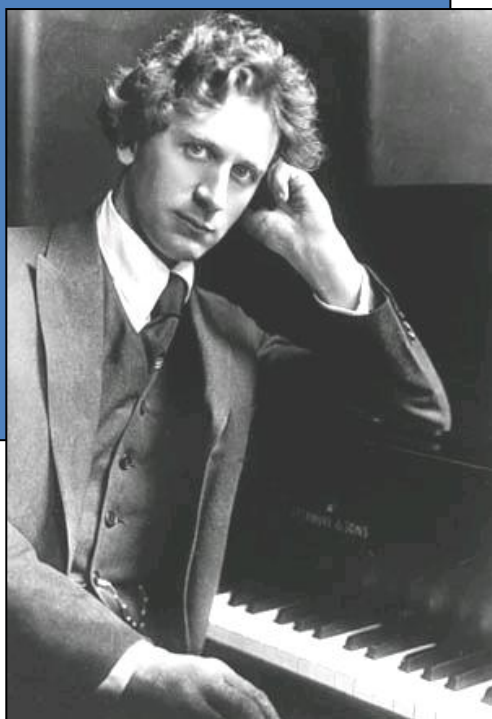
Title _____ Date _____

Please complete this Application Form (both sides)

Mail this completed form and \$1,500 festival deposit to:

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

Please make check payable to *Music Celebrations International*
FESTIVAL DEPOSIT IS 100% NON-REFUNDABLE UPON RECEIPT UNLESS THE BAND IS NOT ACCEPTED



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

- ❑ **\$1,500 Festival Deposit** (deposit is refundable should the band not be accepted). If the band is accepted, these funds will apply to the overall cost of the tour.
- ❑ **Audio Recording** (an MP3 file or a CD is strongly preferred!).

With your recording, please include:
 - at least four selections
 - the name of the band
 - the date(s) of performance(s)
 - the titles and composers of all selections
- ❑ **Biographical information** on the performing group *and* the director.

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

- ❑ **Preliminary list of music** to be performed (in order) with titles.
- ❑ **One Photo** of the performing group. An electronic picture file or a recent color photo is requested (*please* mark the band's name)

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

daniel@musiccelebrations.com

All band selections are made through Music Celebrations, and every effort will be made to ensure that each ensemble's program will not overlap onto one another. Please note that we require each band have a minimum of 40 performers.

Ensembles will be accepted on a first-come, first-serve, rolling basis. Early applicants are given preference and priority.

PARTICIPANT & AUDITION INFORMATION

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

***Please Note:** We require that each ensemble accepted to participate have a minimum of 40 performers

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

How did you learn of 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 _____



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