



MUSIC FESTIVAL SCHOOL APPLICATION

Date _____

School Name/Contact Person _____

School Address _____

Phone Number _____

Cell Phone Number of Group Leader _____

Please give the number of Students/Chaperones Requesting Dorm Rooms for Music Festival.

Girls _____

Boys _____

Women _____

Men _____

Please list the names of your Chaperones **and their cell phone numbers if possible.**
(Note: A ratio of 1 chaperone per 1-5 students if staying in the dorms and a ratio of 1 chaperone per 1-10 students for non-dorm students is needed.)

_____ # _____ #

_____ # _____ #

Please give the number of students per instrument participating in the **band clinic.**

_____ Flute _____ Clarinet _____ Saxophone _____ Percussion
_____ Trumpet _____ Trombone _____ Tuba _____ French Horn
_____ Other (Please list _____)

Please give the number of students per instrument participating in the **orchestra clinic.**

_____ Violin _____ Viola _____ Cello _____ Bass

Please give the number of students participating in the **choir clinic.** _____

Please give the number of students participating in the **handbell clinic.** _____

Names of person/persons willing to perform for the talent program Thursday night.
(one - two entries per school)

Please list the amount of money enclosed.

Total _____