

Orlando 2010 Registration Form

Name of School: _____

Band Director: _____

Choir Director: _____

Orchestra Director: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

School Phone: _____ Ext: _____ Director's Cell: _____

School Fax Number: _____ Other Contact Info: _____

Travel Company: Performing Arts Consultants

Tour Operator's Contact Name/Phone # : Paul Serra 732-670-4779

Tour Operators Email Address: paul@usafest.org

****NOTE: If you attend on a Grad Bash weekend the award ceremony will be in a different location****

All Performances are held on Saturdays. Fridays are available for Overflow only.

_____ check here if you **prefer** a Friday Afternoon performance.

Choose your performance weekend

___ March 6 th	___ April 10 th	___ May 8 th
___ March 13 th	___ April 17 th	___ May 15 th
___ March 20 th	___ April 24 th Grad Bash	___ May 22 nd
___ March 27 th	___ May 1 st	___ May 29 th Memorial Day
___ April 3 rd Easter		

School Enrollment

___ Up to 500 students CLASS A

___ 501-1000 students CLASS AA

___ 1001-1500 students CLASS AAA

___ 1501-or more students CLASS AAAA

___ Comments Only

Festival Participants

Number of Students _____

Number of Adults _____

(Including Directors)

Total Number _____

Educational Level

___ Elementary ___ Jr. / Middle School ___ Senior High School

Choose your Event (s)

\$150 Application per category required to complete Registration Process
Maximum \$600 Please

*** Please put number of performers in each category in space provided ***

___ Concert Band	___ Jazz Ensemble	___ Orchestra (Circle) Full / String
___ Mixed Concert Choir	___ Women's Choir	___ Men's Choir
___ Show Choir	___ Swing / Jazz Choir	___ Chamber / Madrigal Choir
___ Concert Percussion	___ Parade	___ Marching Percussion
___ Auxiliary (circle all that apply) indoor guard, flag corps, rifle, dance/drill team, twirl team, pompon		

PLEASE Fill out both pages 1 and 2 and FAX to 407-313-4289



Information for Trophies and Plaques

This sheet is to be sure that we have all the information needed for Trophies, plaques and such. Please write as legible as possible. Make sure you are as specific as possible to avoid complications. Thank you!

**** If you have more then one performing group please make necessary copies****

School's FULL name: _____

Performing groups Category/Name: _____

Performing groups class: _____

Date of Performance: _____

Directors Name: _____

Directors Name: _____

Assistant Director's Name: _____

Assistant Director's Name: _____

Assistant Director's Name: _____

Assistant Director's Name: _____

(It is essential to list **ALL Directors** attending the All Star Music Festival)

Please fill out fully with registration form and Fax BOTH back ASAP to:



ALL STAR MUSIC FESTIVALS

5728 Major Blvd #242

Orlando, FL. 32819

Fax: 407-313-4289

