

# PERFORMANCE APPLICATION

Please mail your completed application to:  
Universal Orlando Resort, STARS Performance Program, 1000 Universal Studios Plaza Orlando, FL. 32819 or fax to 407-224-3343

**GROUP INFORMATION:** (PLEASE PRINT CLEARLY)

Today's Date \_\_\_\_\_

Performing Groups require a minimum of 40 participants and the purchase of 2-Day/2-Park tickets to Universal Orlando® Resort.

School/Organization Name \_\_\_\_\_

Performance Group Name \_\_\_\_\_

Group's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director's Name/Title \_\_\_\_\_

Telephone: Day (\_\_\_\_) \_\_\_\_\_ Eve (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Number of Performers \_\_\_\_ Chaperones \_\_\_\_ Directors \_\_\_\_ Others \_\_\_\_ = Total in Group \_\_\_\_

PERFORMANCE DATE REQUESTED: Please provide up to four dates in order of priority.

1	2	3	4
---	---	---	---

GROUP TYPE: Indicate One Group Type Per Application

- MARCHING BAND    CONCERT BAND    WIND ENSEMBLE    DANCE TEAM    ORCHESTRA  
 JAZZ BAND    SHOW CHOIR    CONCERT CHOIR    MAJORETTES    OTHER \_\_\_\_\_

TECHNICAL REQUIREMENTS: Indicate Quantity Needed

STAGE EQUIPMENT:

- \_\_\_\_ Chairs                      \_\_\_\_ Bass Input  
\_\_\_\_ Music Stands              \_\_\_\_ CD Player  
\_\_\_\_ Area Microphones        \_\_\_\_ Cassette Player  
\_\_\_\_ Solo Microphones        \_\_\_\_ Director's Podium  
\_\_\_\_ Power Outlets            \_\_\_\_ Risers  
\_\_\_\_ Keyboard Inputs            (Up to 6 Standard  
\_\_\_\_ Guitar Input                Six-Foot Choral Risers)

YAMAHA CONCERT PERCUSSION:

- \_\_\_\_ Timpani (Set of 4)  
\_\_\_\_ Concert Bass Drum (1)  
\_\_\_\_ Marimba (1)  
\_\_\_\_ Xylophone (1)  
\_\_\_\_ Vibraphone (1)  
\_\_\_\_ Chimes (1)

(No keyboards, pianos or drum sets available)

NUMBER OF VEHICLES:

- \_\_\_\_ Motorcoach/es  
\_\_\_\_ Equipment Vehicles

TRAVEL PLANNER INFORMATION: Please be sure to complete if your group is utilizing a Travel Planner/Agent.

Travel Planner Name PERFORMING ARTS CONSULTANTS

Travel Planner Mailing Address 88 W. FRONT ST.

City KEYPORT State NJ Zip 07735

Representative/Contact Name PAUL SERRA

Travel Planner Phone (732) 264-3033 Fax (732) 264-0115

Travel Planner E-Mail PAUL@USAFEST.ORG

[www.uogroupsales.com](http://www.uogroupsales.com)