



APPLICATION FORM

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

Organization Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Director's Name: _____

Home Address: _____

City, State, Zip: _____

Mobile Phone: _____ Birthday (month/day): _____

Email: _____

Tour Coordinator (if different): _____

Home Address: _____

City, State, Zip: _____

Mobile Phone: _____ Birthday (month/day): _____

Email: _____

Please choose your itinerary / participation option

- Local Band 1 night / 2 days 2 night / 3 days 3 night / 4 days
 Custom Tour Itinerary (as arranged with Music Celebrations - please specify below)

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

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

REFERENCES

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

Name	Title	Organization
1 _____	_____	_____
2 _____	_____	_____

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

- \$5,000 non-refundable 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 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

PARTICIPANT & AUDITION INFORMATION

Estimated number of performers: _____

Estimated number of total travelers: _____

AUTHORIZATION

By signing this form, and if traveling by scheduled air carrier arranged by Music Celebrations International, I understand that the airline tickets or air tours I am purchasing are subject to supplemental price increases that may be imposed after the date of purchase. Price increases may be applied due to additional costs imposed by a supplier or government. I acknowledge that I may be charged additional sums by Music Celebrations International to offset fluctuations in fees, fuel surcharges, or taxes. I hereby consent to any of these post-purchase price increases and authorize Music Celebrations International to charge for such additional amounts.

Authorized Signature: _____ Date: _____

PLEASE SIGN AND COMPLETE THIS APPLICATION FORM (BOTH SIDES)

Mail this completed form and \$5,000 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