

UW-WHITEWATER
FALL HIGH SCHOOL CHORAL FESTIVAL
Date of Festival: Tuesday, October 20, 2009

Festival Registration Form (please print)

Name of Choir _____

Name of School _____

Director's Name _____

Director's Phone: Work _____ Home _____

Director's Email _____

School Address _____

(Street)

(City) (State) (Zip)

Will you be attending the Director's Lunch? Yes No (please circle one)

Number of singers in your choir:

Sopranos _____ Altos _____ Tenors _____ Basses _____

Total # of singers: _____ x \$6.00 = Your fee (\$ _____)

Due 10/1/2009. One check, please, made out to UW-W Fall Choral Festival.

Return to: Fall Choral Festival
UW-Whitewater
Continuing Education Services
Roseman Bldg Room 2005
Whitewater, WI 53190

Registrations will be accepted on a first-come first-served basis until the festival is filled.

Director's
signature _____