

MUSIC USA FESTIVALS

CHORAL MUSIC PERFORMANCE SELECTIONS

Each organization is requested to submit three sets of director's scores in envelopes (*in order of performance and in separate envelopes marked Judge One, Judge Two and Judge Three. Be sure and clearly mark the selections being performed*). Please put your school name on the envelopes and on all music scores.

Name of School _____ Festival Location _____

Performance Category _____ Classification _____ Festival Date _____

Address _____ City _____ State _____ Zip _____

Director _____ Assistant Director _____

Competition _____ or Ratings _____

PERFORMANCE SELECTION*

SOLOISTS**

First Prepared Selection

Composer/ Arranger

Second Prepared Selection

Composer/ Arranger

**Disney music is not allowed for groups performing at Universal Studios.*

***List any soloist by name and number they are performing in so the judges may recognize them if the judges feel it was an outstanding performance.*

Please complete these forms for all Choirs

Due Date: 45 days prior to performance. Please fax to 386-575-2357

Music USA Festivals ♦ 1780-5 Doyle Rd. ♦ Deltona, Florida 32725
PHONE: 800-654-3018 ♦ FAX: 386-575-2357

MUSIC USA FESTIVALS

CHORAL PERFORMANCE QUESTIONNAIRE

Director: Please complete the information below to help us accommodate your adjudication needs!

Name of School _____ Festival Location _____

Performance Category _____ Classification _____ Festival Date _____

Address _____ City _____ State _____ Zip _____

Director _____ Assistant Director _____

Group One **TYPE OF GROUP** _____ **CLASS** _____

How many members in group? _____ # Risers Needed _____
(max. 7 sets of Wenger Risers)

Number of microphones needed (up to 3) _____ Piano Yes _____ No _____
(one solo microphone and two directional microphones)

CD Player Yes _____ No _____

Tape Player No longer available – must be CD

Group Two **TYPE OF GROUP** _____ **CLASS** _____

How many members in group? _____ # Risers Needed _____
(max. 7 sets of Wenger Risers)

Number of microphones needed (up to 3) _____ Piano Yes _____ No _____
(one solo microphone and two directional microphones)

CD Player Yes _____ No _____

Tape Player No longer available – must be CD

If more microphones are needed, group needs to bring own sound system.

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Due Date: Forty-five (45) days prior to trip. Please fax to: 386-575-2357

Music USA Festivals

1780-5 Doyle Rd.

Deltona, FL 32725

Phone: 800-654-3018

FINAL COUNT

School Name: _____ City: _____ State: _____

Director Name: _____ Festival Location: _____ Festival Date: _____

_____ # of Students

_____ # of Adults (paying & complimentary)

_____ # of Directors (paying & complimentary)

_____ **TOTAL NUMBER** (should match rooming list-if not please submit rooming changes along with this sheet)

AWARDS CEREMONY

Will you be staying for the Grand Awards Ceremony?

Yes _____

No _____

Grand Champion Trophies are presented to the highest scoring High School, Middle School, Elementary School, regardless of class, in Instrumental, Choral, Parade and Auxiliary. There must be a minimum of 3 performing groups in each category for which a Grand Champion will be awarded. **To be eligible for Grand Champion the entire performing group must attend the Grand Awards Ceremony.**

Due Date: 45 days prior to performance Fax to 386-575-2357

**Music U.S.A.
1780-5 Doyle Rd.
Deltona, FL 32725
Phone: 1-800-654-3018**

RESPONSIBILITY RELEASE

Today's Date: _____

School Name: _____ City: _____ State: _____

Director Name: _____ Festival Location: _____ Festival Date: _____

I hereby release **Music USA Festivals, Inc. and Music USA, Inc.**, its staff and management from any liability and/or responsibility for damages made by members of my school group to, including, but not limited to, buses; hotels/motels; various attraction facilities; and restaurants. I understand that full responsibility for damages, if such damages are incurred, rests entirely with my group and its sponsors, and it will be up to my group and its sponsors to settle any claims which may result from said damages directly with the claimant prior to departing for home.

Please Type or Print Clearly

(Signed)

(Witness)

(Typed/printed Name)

(Typed/printed Name)

Date(s) of Travel

(Trip Destination)

(School Name)

(School Address)

(City)

(State)

(Zip)

BUS DRIVER INFORMATION FORM

If school is chartering bus:

1. Please put the name of your school in the bus front window.
2. Provide a **DETAILED** itinerary of your trip to the bus company at least one month prior to your departure.
3. Establish a personal contact with the dispatcher in their office.
4. Get a 24-hour emergency phone number from the company.
5. Ask about "on duty" and "off duty" rules of the company.

It is customary for bus companies to provide accommodations and meals for their drivers during overnight trips. Pending space availability at the Host Hotel, accommodations can be made for your driver(s). **These arrangements require separate billing and must be made in advance.** Drivers' needs will **not** be included with your group unless arrangements have been made in advance.

In the event your driver(s) are not staying at the Host Hotel, be sure you know their address and how to reach them by telephone in the event of an emergency. We suggest you take the time to review your itinerary with your driver(s) to agree on **ALL** departure times.

Please complete the form below and return it to our office. Thank you for your cooperation

MUSIC USA FESTIVALS

1780-5 Doyle Rd., Deltona, FL 32725

Telephone Number: 800-654-3018 or 386-575-2355 Fax Number: 386-575-2357

School Name: _____ Director: _____

Director's Cell Number for trip (____) _____ # of support vehicles (i.e. equipment trucks) _____

Bus Company Name: _____ Bus Company Emergency # (____) _____

Number of buses: ____ Festival Location/Date: _____ Trip Date(s): _____

Estimated Departure from School: _____ Estimated Arrival Time: _____

If you are leaving late in the day does your driver need the room all day on the final day?

If the trip is a "long" day trip, does your driver need a room?

ACCOMMODATIONS:

CHOICE OF ONE

____ Our driver(s) will not require accommodations.

____ Our driver(s) will pay the **Hotel Staff** for their accommodations upon check-in to the hotel.

____ We wish to pay for our driver(s) accommodations. Please include this on our invoice.

____ Total number of rooms needed. _____ Date(s) room needed

Please reserve the following: ____ Single(s) ____ Double(s) ____ Triple(s) ____ Quads(s)

Schools arriving in vans/cars please list the drivers, color and make of vehicles (Limit of 3)

1. _____

2. _____

3. _____