



2010 APPLICATION

Please register us for Choral Magic. I have enclosed the \$55.00 PER ENSEMBLE registration fee, which I understand is non-refundable.

School Name _____

Choir Director _____

E-Mail _____

School Street _____

City, State, Zip _____

School Phone () _____ School Fax () _____

Cell Phone () _____

Festival Date
Saturday, November 6, 2010

Estimated Attendance
A ticket order form will be sent with your Director's Guide.

Student _____

Adult _____

Name of Performing Ensemble (2 group maximum)	# of members	Division (See below)	Rating or Competition	Grade Level (see below)

Divisions
MC Mixed Choir
ME Men's Choir
WC Women's Choir

Grade Levels
HS High School (Grades 9-12)
JH Junior High School (Grades 7-9)
MS Middle School (Grades 6-8)
EL Elementary School (Grades K-6)

Rating/Competition

Each ensemble will receive written and taped comments

- R** Group receives a rating of superior, excellent, good or fair
- C** Group receives a trophy with the rating of superior, excellent, good or fair **and** is ranked within their division

Send the registration form* along with a \$55.00 PER ENSEMBLE check payable to
CHORAL MAGIC to:

Choral Magic Registration
1784 West Schuylkill Road
Douglassville, PA 19518

*Make a copy for your records