

Emerald Coast Choral Festival Registration Form

Please complete and mail with Non-Refundable \$50 application fee and refundable per person deposit

School Name: _____ School Street : _____
 City: _____ State: _____ Zip/Postal Code: _____
 School Telephone: (_____) _____ Best time to call: _____ School Fax: (_____) _____
 Official Director(s): _____
 Directors:
 Office Phone: (_____) _____ Home Phone: (_____) _____ Cell Phone(_____) _____
 School E-mail: _____
 Directors Email: _____

Group Information:

We would like to enter the following Choral group(s):

PERFORMING GROUP(S):	TYPE OF CHORUS	JR./MIDDLE or HS	ESTIMATED GROUP SIZE:
_____	<input type="checkbox"/> Mixed	_____	_____
_____	<input type="checkbox"/> Women's	_____	_____
_____	<input type="checkbox"/> Men's	_____	_____
_____	<input type="checkbox"/> Chamber	_____	_____
_____	<input type="checkbox"/> Madrigal	_____	_____

Performance Preference (if available):

Fri AM **Fri PM** **Sat AM** **Sat PM**

We are applying for:

- Adjudicators/Comments Only *(Not Eligible for Awards)*
- ECCF Competition (includes rating)
(Note: There must be at least 2 groups at the festival in the same category to permit ranking.)

School Classification:

Jr./Middle School Enrollment

A AA AAA
 1-500 501-1000 1001-1500
 High School Enrollment *Grades 10-12 Only*
 A AA AAA
 1-500 501-1000 1001-1500

Package Information:

We are interested in the following:

- 1 Night Package \$126
(\$ per person/quad rate only)
- 2 Night Package \$141
(\$ per person/quad rate only)
- 3 Night Package \$164
(\$ per person/quad rate only)
- 4 Night Package \$222
(\$ per person/quad rate only)
- For additional rates visit
emeraldcoastchoralfestival.com
 Make Check out to ECCF

Reservation Date: _____
 (Please note that the number of people equals the number of room types. Example: 7 persons = 1 quad (4 persons) + 1 triple (3 persons))

	# People	# Quad Rooms	# Triple Rooms	# Double Rooms	# Single Rooms
Men Students					
Women Students					
Chaperones					
Director	Director Receives a Complementary Double Room			1	
Totals					

Hotel Arrival Date: _____ Time: _____ **Hotel Departure** Date: _____ Time: _____

In addition to the above room allotment, how many rooms should the Emerald Coast Choral Festival reserve for your bus drivers? _____
 # Buses you will bring _____

Indicate method of payment for your bus drivers: _____ Drivers will settle own bill _____ School will pay

Please complete and mail with \$50.00 Non-Refundable deposit to ECCF 800 East John Sims Pkwy Niceville, FL 32578

Please make checks payable to ECCF

The Application fee is not to be deducted for subsequent payments.
 For Questions contact us at director@emeraldcoastchoralfestival.com

X _____ **X** _____
School Officials Signature Date School Principal Signature (if required) Date