

Emerald Coast Choral Festival Application Form

Please complete and mail with Non-Refundable Deposit

revised June 11

School Information:

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: _____

Personal Email: _____

Group Information:

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

NAME OF 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):

Thurs AM Thurs PM Fri AM Fri PM Sat AM Sat PM

We are applying for:

- Adjudicators/Comments Only *(Not Eligible for Cash Prizes/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

Number of Participants:

Students:

Boys _____

Girls _____

Supervising Chaperones/Staff:

(Includes Director) _____

Minimum Chaperone/Student Ratio 1:10 Students

TOTAL: _____

Package Information:

We are interested in the following:

- 1 Night Package \$107
(\$ per person/quad & six rate only)
- 2 Night Package \$157
(\$ per person/quad & six rate only)
- 3 Night Package \$207
(\$ per person/quad & six rate only)

For additional rates visit emeraldcoastchoralfestival.org

Please complete and mail with \$95.00 Non-Refundable Deposit to:

ECCF/NHS
800 E. John Sims Pkwy
Niceville, FL 32578

Please make checks payable to ECCF/NHS Chorus

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

X _____

X _____

School Principal Signature (if required)

Date