

New York Concert Choir Festival 2009 Registration

School Name _____

School Address _____

City, State Zip _____

School Main Phone _____ School Fax: _____

Choir Director _____ Direct Line _____

E-Mail _____ Home Phone _____

Trip Contact Name _____ Phone _____
(if other than director)

E-Mail _____

Principal's Name _____

Send invoice to: (select one):

Choir Director Tour Operator

Anticipated Attendance:

Student _____

If you have made arrangements with another Tour Operator, please provide their information here:

Tour Operator Agency Name _____

Travel Planner Name _____

Address _____

City, State, Zip _____

Tour Operator Phone _____ Tour Operator Fax _____

Participating Ensembles	# of members	Grade Level (Junior High or High School)

***Return to New York Concert Choir Festival; 1784 West Schuylkill Road, Douglassville PA 19518
Make checks payable to Festivals of Music, Inc.
You must submit one registration fee per group - (\$100.00 per group)***