



2010 Music Festival

Carolina Conference

MUSIC FESTIVAL SCHOOL APPLICATION

Date _____

School Name/Contact Person _____

School Address _____

Phone Number _____

Cell Phone Number of Group Leader _____

Please give the number of Students/Chaperones Requesting Dorm Rooms for Music Festival.

Girls _____

Boys _____

Women _____

Men _____

Please list the names of your Chaperones **and their cell phone numbers if possible.**
(Note: A ratio of 1 chaperone per 1-5 students if staying in the dorms and ratio of 1 chaperone per 1-10 students for non-dorm students is needed.)

_____ # _____	_____ # _____
_____ # _____	_____ # _____

Please give the number of students per instrument participating in the **band clinic.**

_____ Flute	_____ Clarinet	_____ Saxophone	_____ Percussion
_____ French Horn	_____ Trumpet	_____ Trombone	_____ Tuba
_____ Other (Please list _____)			

Please give the number of students per instrument participating in the **orchestra clinic.**

_____ Violin	_____ Viola	_____ Cello	_____ Bass
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Please give the number of students participating in the **choir clinic.** _____

Please list the amount of money enclosed. Total \$ _____