

Music & Theater Festival - Group Application

Please Print or Type (Fill out completely)

School/Organization: _____
Contact/Director Name: _____
School Address: _____
City: _____ State: _____ Zip: _____
Sch. Fax: _____ School Phone: _____ ext: _____
Best Time to Call: _____ Sch. E-mail: _____
Secondary Phone: _____ Personal E-Mail: _____

Festiva Location: _____ **Festival Date:** _____

One-Day Event
 Two Day/One Night *
 Three Days/Two Nights*
 _____ Days / _____ Nights *
Overnight Traveling Dates: _____ **Preferred Performance time**:** _____

Total Number of Students: _____

Total Number of Staff: _____

Total Number of Chaperones: _____

Total Number in Group: _____

Note: Optional Overnight Packages and Transportation available for groups *

Overnight package information/pricing will be emailed/faxed after application is received. Please provide accurate email and fax number. Overnights require a deposit upon signed contract- Rooming lists are due ONE (1) month before travel date. Changes made after rooming list submitted to hotel may require \$25 fee.

Performing Group(s): (i.e. jazz band, show choir, concert band, auxiliary)

Band- type: _____ Choir -type: _____
 Orchestra -type: _____ other -type: _____

Plaque Information: (Name of Group) Please fill out plaque information form.

Group I _____ Performers in Group: _____

Group II _____ Performers in Group: _____

Group III _____ Performers in Group: _____

(Additional groups please list on separate sheet) Total Performers: _____

Application Fee(s): \$ 50.00 for first group and \$20.00 for each additional group

Important: Complete this application and fax a copy to 815.787.3100, **THEN** mail a hard copy appropriate application fee. Checks made payable to **FunME Events**. Application fee is non-refundable and is not considered a deposit or credit. PAYMENTS are divided into two (2) payments with final payments due 45 days from the date of the festival. NOTE: After final payment NO refunds will be given or changes in the group quoted number expected.

Director's Signature: _____ Date: _____

**After receipt of this general application, an invoice and payment schedule will be sent. Appearance times will be based on date of application, fee and availability. No times will be assigned until application fee is paid. Requested times are not guaranteed unless payment is made in full.

Please FAX Completed Application to: 815.787-3100, then Mail Application/fee to:

Music Festivals • P.O Box 463 • DeKalb, IL 60115-0463 Phone: 800.386-6321