

# **Strafford Choral Fest Registration**

April 4 – 5, 2019

Choir Name: \_\_\_\_\_

Director Name: \_\_\_\_\_ School: \_\_\_\_\_

Director Email: \_\_\_\_\_ Director Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

Category of Choir:   ☐ Elementary              ☐ Middle School              ☐ High School

What date would you prefer?      ☐ Thursday, April 4<sup>th</sup>

☐ Friday, April 5<sup>th</sup>

What time period works best for your group?

☐ 8:00 a.m. to 10:00 a.m.              ☐ 10:00 a.m. to 12:00 p.m.              ☐ 12:45 p.m. to 4:00 p.m.

A specific time period: \_\_\_\_\_

Composition # 1 and Composer

Composition # 2 and Composer

Each performance group is \$90. Please make payments to Strafford Schools

☐ Please email an invoice      ☐ Pay the day of the event      ☐ We will mail our payment

Strafford Choirs

c/o Zachary Chittenden

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Strafford, MO 65757

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