

MHSAA/MMEA CHORAL ART FESTIVAL

FORM 9

REGISTRATION FORM & INVOICE

Due: January 14, 2023

School Name _____

School Address _____

City _____ Zip _____

Choral Director _____ Accompanist _____

Cell # (_____) _____ - _____ E-Mail _____

Title of Selections and Prescribed List (FL, MS, or TX or by approval of mentor and/or site coordinator).

1. _____ Prescribed Music List _____ page # _____

2. _____ Prescribed Music List _____ page # _____

Select the desired option:

Stage Performance _____ Ratings _____ Comments Only

Sight Reading Room _____ Ratings _____ Comments Only

Write in the **Grade Level(s) & Number of Singers** in the correct blank.

Choir: SATB _____ / _____ SAB _____ / _____ TTBB _____ / _____ SSA _____ / _____ Other _____ / _____

Ensemble: Madrigals _____ / _____ Other Ensemble _____ / _____ (* Voicing _____)

Total # of Participants _____ (choir + ensemble = total)

Fee per Participant x **\$5.00**

Total Due (prior to event) _____

Submit completed **Form with Payment/PO:**

Jordan Langworthy

534 Oak Park Circle

Pearl, MS 39208

C 601.421.0505

jlangworthy@madison-schools.com

Make checks payable:

7th – 12th Grade Participants: MHSAA

6th Grade Participants: MMEA

Choral Director's Signature

Date

Principal's Signature (Required)