

# 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 \_\_\_\_\_ / \_\_\_\_\_ (\*Include 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](mailto:jlangworthy@madison-schools.com)

Make checks payable:

7<sup>th</sup> – 12<sup>th</sup> Grade Participants: MHSAA

6<sup>th</sup> Grade Participants: MMEA

Choral Director's Signature

Date

Principal's Signature (Required)