

ALBANY PRO MUSICA
19TH ANNUAL HIGH SCHOOL CHORAL FESTIVAL
SUNDAY, JANUARY 27, 2019
APPLICATION FORM

School Name: _____

Chorus Name: _____

Conductor's Name: _____

School Address: _____

Conductor's School Phone: _____

Conductor's Home or Cell Phone: _____

Conductor's email (s): _____

Your preferred method of contact: School Phone, Mobile Phone, Home Phone, Email

Voicing of Chorus: _____ (SATB, SSA, TTBB)

Approximate number of singers on each voice part: S _____ A _____ T _____ B _____

AUDIO/VIDEO FILE CONTENT INFORMATION:

School Name: _____

Chorus Name: _____

Song Title: _____

Composer's Last Name: _____ **First Name:** _____

Date of audio/video Recording: _____

Title of Concert or Rehearsal event: _____ (e.g. Spring Concert 2018)

HONORS /AWARDS AND OTHER DISTINCTIONS THAT YOUR AUDITIONING CHOIR HAS RECEIVED IN 2017-18

Email this completed application form to Brendan@albanypromusica.org

Brendan Hoffman, Director of Education

Albany Pro Musica

30 2nd Street

Troy NY 12180

After your notification of acceptance your School will need to pay a **\$100 ENTRANCE FEE** to be mailed to:

**No school or ensemble will be denied due to inability to pay this fee. Please contact us with any issues.*