



APPLICATION FORM

Official Name of Orchestra: _____

Name of Organization/School: _____

Street or P.O. Address: _____

City, State, Zip: _____

Organization/School Phone: _____

Orchestra Director's Name: _____

Home Address: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Best time and place to call: _____ Birthday (month/day): _____

Tour Coordinator's Name (if applicable): _____

Home Address: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Best time and place to call: _____ Birthday (month/day): _____

Please choose your itinerary/participation option:

- Local DC-Area Orchestra (within 50 miles)
- 2 Nights / 3 Days (Saturday-Monday)
- 2 Nights / 3 Days (Sunday-Tuesday)
- 3 Nights / 4 Days (Friday-Monday)
- 3 Nights / 4 Days (Saturday-Tuesday)
- Custom Tour Itinerary as arranged with Music Celebrations (please specify below)



**Music Celebrations
International**

1440 S. Priest Dr. Suite 102
Tempe, AZ 85281-6954

toll-free) 800.395.2036
fax) 480.894.5137

capitalorchestrafestival.org

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION FORM

Mail completed form and \$5,000 non-refundable deposit to:
Music Celebrations International • 1440 South Priest Drive, Suite 102 • Tempe, AZ 85281-6954
Please make check payable to *Music Celebrations International*



NUMBER OF PARTICIPANTS/TRAVELERS

YOUR BEST ESTIMATE AT THIS POINT

Performers _____ Directors _____ Non-performers (chaperones, etc.) _____

TOTAL TRAVELERS _____

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

- \$5,000 non-refundable Festival Deposit (deposit is refundable should the orchestra not be accepted). If the orchestra is accepted, these funds will apply to the overall cost of the tour.

Acceptable forms of the deposit include:

- Check, Cashier's Check or Money Order
Please make your check payable to: Music Celebrations International
- Mastercard, Visa, and American Express - Contact our office for credit card process
- Wire Transfer - Contact our office for specifics

- Audio Recording (an MP3 file is strongly preferred!). With your recording, please include:

- at least four selections
- the name of the orchestra
- the date(s) of performance(s)
- the titles and composers of all selections

- Biographical information on the performing group and the director

AUTHORIZATION

By signing this form, and if traveling by scheduled air carrier arranged by Music Celebrations International, I understand that the airline tickets or air tours I am purchasing are subject to supplemental price increases that may be imposed after the date of purchase. Price increases may be applied due to additional costs imposed by a supplier or government. I acknowledge that I may be charged additional sums by Music Celebrations International to offset fluctuations in fees, fuel surcharges, or taxes. I hereby consent to any post-purchase price increases and authorize Music Celebrations International to charge for such additional amounts.

Authorized Signature _____ Date: _____

PLEASE COMPLETE THIS APPLICATION FORM (BOTH SIDES) AND MAIL IT WITH YOUR APPLICATION MATERIALS TO:

Music Celebrations International
1440 South Priest Drive, Suite 102, Tempe, Arizona 85281-6954

Application forms and materials are not accepted
without the festival deposit.

The Festival Deposit is non-refundable upon receipt, unless the orchestra is not accepted to the event.



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