

CAVALCADE OF CHOIRS

Registration Form

Name of School: _____

Address of school: _____ **Zip Code:** _____

Name of Director: _____

School Phone: _____ **Cell Phone:** _____

E-mail: _____

Approximate Number of Singers: _____ **Voicing:** _____
SATB/SSA/TTB, etc

Name of Ensemble: _____

Please fill out a separate registration form for additional ensembles.

Arrival Time: _____ **Departure Time:** _____

This can be updated later.

Free Lessons offered by IUP faculty to ALL students on ALL instruments!

_____ You may send this information later if you wish to register early and secure your spot!

Use back of form to list Students Names and Instrument/ Voice Part

Planned Repertoire (no requirements –can change as needed or submit later)

You may send this information later if you wish to register early and secure your spot!

Grades (X) 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____
12 _____

Song Selections:

Selection #1: _____ **Composer/Arranger:** _____

Selection #2: _____ **Composer/Arranger:** _____

Selection #3: _____ **Composer/Arranger:** _____

Send Registration Form (and \$125 registration fee) To:

c/o Dr. Craig Denison
Director of Choral Studies
Indiana University of Pennsylvania
111 Cogswell Hall
422 South Eleventh Street
Indiana, PA 15705

or **Email To:** cdenison@iup.edu

Make checks payable to **Indiana University of PA Choral Studies**
You may copy this form for more than one entry

For more information contact:
Dr. Craig Denison
cdenison@iup.edu