

# CHORFEST

## SASKATCHEWAN

FEBRUARY 7 - 11, 2015

### REGISTRATION FORM (one per ensemble)

#### Participant Information (Please print clearly)

Name of Choir: \_\_\_\_\_

Number of people in the ensemble: \_\_\_\_\_

Director: \_\_\_\_\_

Accompanist: \_\_\_\_\_

Contact email: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_

Quantity			
	Children's Choir	\$125	
	Youth Ensembles	\$150	
	Adult Ensembles	\$175	
	Senior Ensembles	\$160	
	Vocal Jazz Ensembles	\$200	
	Brown Bag Lunch	\$10	
	SCF Choir Membership	\$50	
		TOTAL	

Payment information: Credit Card or Cheque (please circle)

Please enter your payment information below:

Circle – VISA / MC

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card security code: \_\_\_\_\_ Expiry (month/year): \_\_\_\_\_

Please indicate your preferred date and times to assist us with scheduling:

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The following information is required to assist the clinicians:

Repertoire \_\_\_\_\_

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How long has the group been singing together \_\_\_\_\_

How often/long the group rehearses weekly \_\_\_\_\_

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How many voices to a part

(S) \_\_\_\_\_ (A) \_\_\_\_\_ (T) \_\_\_\_\_ (B) \_\_\_\_\_

The pieces and styles the group has recently worked on and what they most enjoy singing \_\_\_\_\_

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Options as to which pieces the group would like to work on. It's best to give 2-3 contrasting pieces. \_\_\_\_\_

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