

Please fill out this form and return to Carol Jacobs by email **no later than October 20**.
Performances should not exceed 8 minutes.

School Name: _____

Ensemble Director: _____

Name of Ensemble: _____

Additional Names: _____

SONG 1

Title: _____

Composer(s): _____

Arranger(s): _____

Soloist(s): _____

Length: _____

SONG 2

Title: _____

Composer(s): _____

Arranger(s): _____

Soloist(s): _____

Length: _____