

School Name: _____

Ensemble Director: _____

Name of Ensemble: _____

School Address: _____

_____ street

_____ city _____ state _____ zip code

School Phone: _____

Director's Cell Phone: _____

Workshop Session (please check one): 30-minutes (\$300) 45-minutes (\$350)

Registration forms are due by September 30.

Additional festival details will follow in mid-October.

Please be prepared to perform two songs for the clinician.

Report any questions or conflicts to Carol Jacobe at (315) 430-2718 or [cjacobel@gmail.com](mailto:cjacobe1@gmail.com).

Please send this completed form along with your festival fee to the address below:

Le Moyne College
Performing Arts Center
Attn: Carol Jacobe
1419 Salt Springs Road
Syracuse, NY 13214

All checks should be made payable to "Le Moyne College"