

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)

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"***