

**NORTHWEST MISSOURI STATE UNIVERSITY SHOW/
JAZZ CHOIR FESTIVAL 2019 REGISTRATION FORM**

SATURDAY, FEBRUARY 9, 2019

School Name

School Address

City

State

ZIP

(_____) _____
School Phone Number

(_____) _____
School Fax Number

Director's Name

Director's Address

City

State

ZIP

(_____) _____
Director's Home Phone

(_____) _____
Cell Phone

Director's Email

Name of Group

Voicing (select one): Mixed Girls Boys

Please Check Appropriate Box: Show Choir Competition
 Jazz Choir Competition
 Ratings only/Non-Competitive

Total Number of Students in your school Grades 9-12 _____
(Enrollment figures will be verified by State Activities Association as of 10/1/18.)

PAYMENT DEADLINE: 12/1/18

Payment of **\$200.00** per performing group: Is enclosed Will be sent later

Make checks payable to: **NORTHWEST CELEBRATION SHOW/JAZZ CHOIR FESTIVAL**

Please mail or fax this form and payment to:

Dr. Brian Lanier
Show/Jazz Choir Festival
Department of Music
Northwest Missouri State University
800 University Drive
Maryville, MO 64468
FAX: 660-562-1346