



Holiday Scheduling

School Name: _____

Contact name: _____

Phone: _____

Fax: _____

Email: _____

Type of Group: Band ___ Choir ___ Other _____ (please specify)

Number of members: _____

Equipment needs:

Please list three performance dates and times in order of preference.

1. Date: _____

Time: _____

2. Date: _____

Time: _____

3. Date: _____

Time: _____

Please return to:

Mandy Manlove

Assistant Director of Marketing

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