



2014
Three Rivers Community Band Festival
Festival Band Registration
April 26, 2014

Festival date: Saturday April 26, 2014
Location: Upper St. Clair High School Theater

Please complete one application for each performer.

- **Make check payable to “Three Rivers Community Band Festival”**
- **Because costs are higher than registration fees, we appreciate donations!**
- **Application deadline is February 15, 2014**
- **Mail completed application and \$20 registration fee to:**

**Three Rivers Community Band Festival
208 Henry Ave
Sewickley, PA 15143**

NOTIFICATION

Notification of acceptance will be sent via email by March 1, 2014. Please add *festival@ewsb.org* to your allowed email addresses to avoid spam filtering. If you do not provide an email address, you will be notified by either phone or US mail.

CONCERNING INSTRUMENTATION AND SECTION SIZE

We may need to limit the size of sections for the Festival Band to assure good balance. In the past, we have been able to accommodate all applicants.

CONCERNING PART ASSIGNMENT AND CHAIR PLACEMENT

We will assign parts and place participants in their sections based on preferences stated on applications or balance needs of the ensemble.

CONCERNING ACCESSIBILITY

The stage is wheelchair accessible via a loading elevator in the back. If you require other accommodations, please let us know.

CONFIRMATION AND RECEIPTS

A confirmation of registration will be sent via email if an email address has been provided. For paper receipt or US mail confirmation, please include a Self Addressed Stamped Envelope.

GUEST LUNCHESES

If you are bringing a spouse or other guest(s) who would also like to purchase lunch, please include an additional \$10 per guest.

Additional information about the Festival and Festival Band is provided on the www.ewsb.org website, Festival/Festival Band links. Please take a look!

April 26, 2014 Festival Band Registration Form

First Name you prefer (for name tag): _____

Last Name: _____

Address: _____

Phone: _____ Email: _____

Registration Fee: \$ 20.00

Guest Lunch Fees (\$10/person): \$ _____

Donation: \$ _____

Total Enclosed: \$ _____

(Please make your check payable to "Three Rivers Community Band Festival")

Do you require a vegetarian meal? ___ YES ___ NO

Does your guest(s) require one? ___ YES (indicate quantity: _____) ___ NO

Please indicate any food allergies for yourself or your guest(s) below:

Current Community Band(s) (please list all that you are a current member of – this information will be included in the Festival Program as space permits):

Instrument & Part you wish to play (eg Clarinet 1): _____

Instrument & Part you usually play (eg, Clarinet 2): _____

Other instruments and/or parts you are willing to play for group balance:
