

Vocal Solo and Small Ensemble Participation Form

Email this form to the Chairperson 30 days before the Choral Festival or by the Chairperson's deadline.

School Name: _____ School Phone: _____

School Address: _____

School Coordinator: _____ Coordinator Email: _____

Solo/Small Ensemble(s) Information

Check one: Elementary Middle School Senior High

Check one: Solo Duet Trio Quartet

Soloist/Small Ensemble Name: _____ Grade Level(s): _____

Director Name: _____ Director Email: _____

Song Title: _____ Composer/Arranger: _____

Check one: Elementary Middle School Senior High

Check one: Solo Duet Trio Quartet

Soloist/Small Ensemble Name: _____ Grade Level(s): _____

Director Name: _____ Director Email: _____

Song Title: _____ Composer/Arranger: _____

Check one: Elementary Middle School Senior High

Check one: Solo Duet Trio Quartet

Soloist/Small Ensemble Name: _____ Grade Level(s): _____

Director Name: _____ Director Email: _____

Song Title: _____ Composer/Arranger: _____

Check one: Elementary Middle School Senior High

Check one: Solo Duet Trio Quartet

Soloist/Small Ensemble Name: _____ Grade Level(s): _____

Director Name: _____ Director Email: _____

Song Title: _____ Composer/Arranger: _____

*If participating in multiple events (Elem/JH/SH), submit a different form for each event level to the Chairperson(s).
Copy as needed for additional entries.*