



BLUFF CITY CHORAL FESTIVAL

Performance

Team Building

Community Service

School Name: _____ Director's Name: _____

Director's Email: _____ Director's Cell: _____

School Address: _____

For each ensemble, check the voicing category for that ensemble, then circle \$35 if the number of registered singers is 31 or more. Circle \$40 if the number of registered singers is 30 or less. (The fee is not based on the total number of students from your school, but on the total number registering for each ensemble, as each ensemble receives a clinic.) **See the BCCF Info Sheet for more specific guidelines on registering multiple ensembles.**

**MS Ensemble Category: 2-20 singers, HS Ensemble Category: 2-16 singers*

Ensemble 1: _____ total # singers: _____ x \$35 / x \$40 = _____

Ensemble* T/B Treble Mixed

Ensemble 2: _____ total # singers: _____

Ensemble* T/B Treble Mixed

How many singers in this ensemble are **not registered** with another ensemble? _____ x \$35 / x \$40 = _____

Additional Ensemble Fee (\$400) Yes / No = _____

Ensemble 3: _____ total # singers: _____

Ensemble* T/B Treble Mixed

How many singers in this ensemble are **not registered** with another ensemble? _____ x \$35 / x \$40 = _____

Additional Ensemble Fee (\$400) Yes / No = _____

Total Due = \$ _____

50% Deposit (Due February 28th, non-refundable) = \$ _____

Remaining Balance (Due April 1st) = \$ _____

A non-refundable 50% deposit is due with this registration form by February 28, 2025. Choirs will be accepted on a first come, first served basis. Final balance is due no later than April 1, 2025.

Make checks payable to: **MidSouth Music Institute, 1587 Cedar Grove Dr, Hernando MS 38632**