

REGISTRATION FORM

Please return Registration Form and payment to Zamir Choral Foundation at: North American Jewish Choral Festival; ZAMIR CHORAL FOUNDATION; 475 Riverside Drive, Suite 1948; NY, NY 10115. PLEASE USE A SEPARATE FORM FOR EACH REGISTRANT.

Name _____

Address/City/State/Zip _____

Day Phone (____) _____ Eve Phone (____) _____

E-mail _____

I would prefer to receive Festival-related correspondence via E-mail Snail Mail

Please circle Voice Part: S A T B

Please describe your sight-singing ability: (Excellent) 1 2 3 4 5 (non-reader)

Sight reading classifications:

- 1 Reads fluently and accurately; has had vocal training and extensive choral experience
- 2 Can read well, and will catch one's own mistake and correct it in two or three tries
- 3 Can read music, but relies as much on hearing the part as on reading
- 4 Uses the score primarily for contour of the music, relies chiefly on hearing the part several times
- 5 Cannot follow a musical score, relies only on hearing the part repeated many times

Is this your first time attending the Choral Festival? No Yes

What is the most challenging piece of music you have sung in the last three years?

Title _____

Composer _____

Sung with Name of Choir _____

Conducted by _____

Please help me find a roommate with whom to share a room at the Festival.

Registration fees listed below include Festival materials and required Zamir Choral Foundation membership.

Discounts available to second and subsequent family members at the same address. Special rates available to participants aged 18-30.

Registration Fees (please check)

REGISTRATION BEFORE APRIL 15, 2016, EARLY BIRD

First family member, Name: _____

FULL PARTICIPANT OBSERVER ONE-DAY (please indicate which day)

\$395 \$295 \$195

Second and subsequent family members

\$345 \$245 \$145

REGISTRATION AFTER APRIL 15, 2016

First family member, Name: _____

\$430 \$330 \$220

Second and subsequent family members

\$380 \$280 \$170

Please register me at the special Young Participants' rate of \$600 (includes registration and hotel). My date of birth is _____ (mm/dd/yyyy)

REGISTRATION DEADLINE: JUNE 15, 2016. After this date, add a \$35 late administrative charge \$ _____

To provide scholarships for young Festival participants, I enclose my voluntary donation of \$ _____

To support all the work of the Zamir Choral Foundation, I enclose my voluntary donation of \$ _____

I would like to order a Choral Festival T-shirt S M L XL XXL x \$20 each = \$ _____

TOTAL AMOUNT ENCLOSED (US FUNDS ONLY): \$ _____

Make Check payable to Zamir Choral Foundation, or charge to MC Visa Credit Card # _____

Exp. Date _____ Security Code _____ Signature _____