



XL INTERNATIONAL CONGRESS
OF PUERI CANTORES
ROME, ITALY

REGISTRATION FORM

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Official Name of Choir _____

Mailing Address _____

City, State, Zip _____

Phone _____ Fax _____ Email _____

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Choir Director's Name _____

Home Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____ Birthdate (month/day) _____

Tour Coordinator (if different) _____

Home Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____ Birthdate (month/day) _____

Please complete this Registration Form (both sides).
 Mail completed form and registration deposit of \$1,500 to:
 Music Celebrations International
 1440 S. Priest Drive, Suite 102
 Tempe, AZ 85281-6954
 Please make the deposit check payable to *Music Celebrations International*
 The deposit is immediately *non-refundable* upon receipt



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Please choose your Congress Tour Itinerary:

- Congress Tour Itinerary #1 (6 nights / 8 days)
- Custom Congress Tour Itinerary (please specify below)

Authorized Signature _____

Title _____ Date _____

Estimated number of participants (singers): _____

Estimated total number (singers *and* non-singers): _____

How did you learn of this opportunity? _____

Are you currently a member of the American Federation Pueri Cantores?

- Yes No

What other non-member catholic youth choirs would you recommend for this opportunity?



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