

Liberty Classic Community Band Festival X

Registration Form

Application deadline is August 15, 2019

October 11-13, 2019

Hosted by the Repasz Band (Est: 1831) Williamsport, Pennsylvania

Name (as you want it printed on name tag _____ /in the program): _____

Spouse/Guest Name* and town (for name tag): _____

* If spouse is a performer, please complete a separate registration form for each person.

List additional guest names on the back of this sheet.

Street Address/Apt. No. or P.O. Box: _____

City/State/Zip: _____

E-mail: _____ @ _____ Phone: _____

Request assistance in finding a roommate for the Festival

MUSICAL INFORMATION:

Instrument choice: _____ Part: _____ (List TC or BC for euphonium) _____

For balanced instrumentation, please list other instruments you would be willing to play: _____

FIRST TIME ONLY Please list the current musical organizations you perform with on a regular basis (group, size, your section/part played) and relevant performance experience to help the Festival Committee assign parts: _____

| Registration Fees: | <u>Price</u> | <u>No.</u> | <u>Total Due</u> |
|--|--------------|------------|------------------|
| Festival Performer Registration (includes performance in Festival Band, Friday reception, Saturday snacks) | \$ 95 | x _____ | \$ _____ |
| Festival Guest Registration (includes admission to all rehearsals, Friday reception, Saturday morning snacks) | \$ 45 | x _____ | \$ _____ |
| BANQUET <i>Entrée Choices (Please select one for each registrant)</i> | \$ 30 | x _____ | \$ _____ |
| _____ <i>Stuffed Chicken Breast</i> _____ <i>8 oz. Prime Rib</i> | Total | | \$ _____ |
| _____ <i>Broiled Haddock</i> | Due | | |

For further information, visit the Repasz Band website www.repaszband.org, or contact Judith Shellenberger, Festival Chair, at Home: (570) 326-4807 or Cell: (570) 337-5520 or Judvshell@aol.com

Full refund for cancellations received by October 1st ; 75% refund for cancellations after.

Since the Repasz Band is a 501(c)(3) organization, cancellation fees are tax deductible.

Mail completed registration form and check, payable to "LCCBF" to

Repasz Band/LCCBF, 117 West Hills Drive, Williamsport, PA 17701-1336