

VISITING CHOIR APPLICATION FORM

(For choirs requesting to informally on weekdays, 9:15am-5:00pm)

This form must be fully completed upon submission to be considered.

Date(s) requested: _____

Ensemble Name: _____

School, Church, or Organization: _____

City/State: _____

Director & Title: _____

Number of Singers: _____ Ages: ☐ Adult ☐ College
☐ High School ☐ Junior high/elementary

Contact name & phone number prior to performance date:

Contact's email: _____

Contact name & cell phone number on performance day:

Proposed Repertoire: (if more than five attach on separate sheet; **maximum of 30 minutes of music**)

Title Composer Timing

1. _____

2. _____

3. _____

4. _____

5. _____

In submitting this application we understand and agree to the following terms:

1. All music must be sacred & pre-approved.
2. There can be no food, drink or water bottles brought into the Cathedral.
3. The Cathedral organs are not available; however, we may use the piano if needed.

Conductor's signature _____ Date _____

*Please e-mail completed form back as PDF to musicoffice@stjames-cathedral.org,
or FAX back to 206-622-5303.*

FOR CATHEDRAL MUSIC OFFICE USE ONLY:

- ☐ Cathedral Pastor
- ☐ Guest Choir Book Calendar
- ☐ LAMO Calendar
- ☐ Bulletin
- ☐ First Hill Publicity List

Assigned host: _____

Arrival time: _____