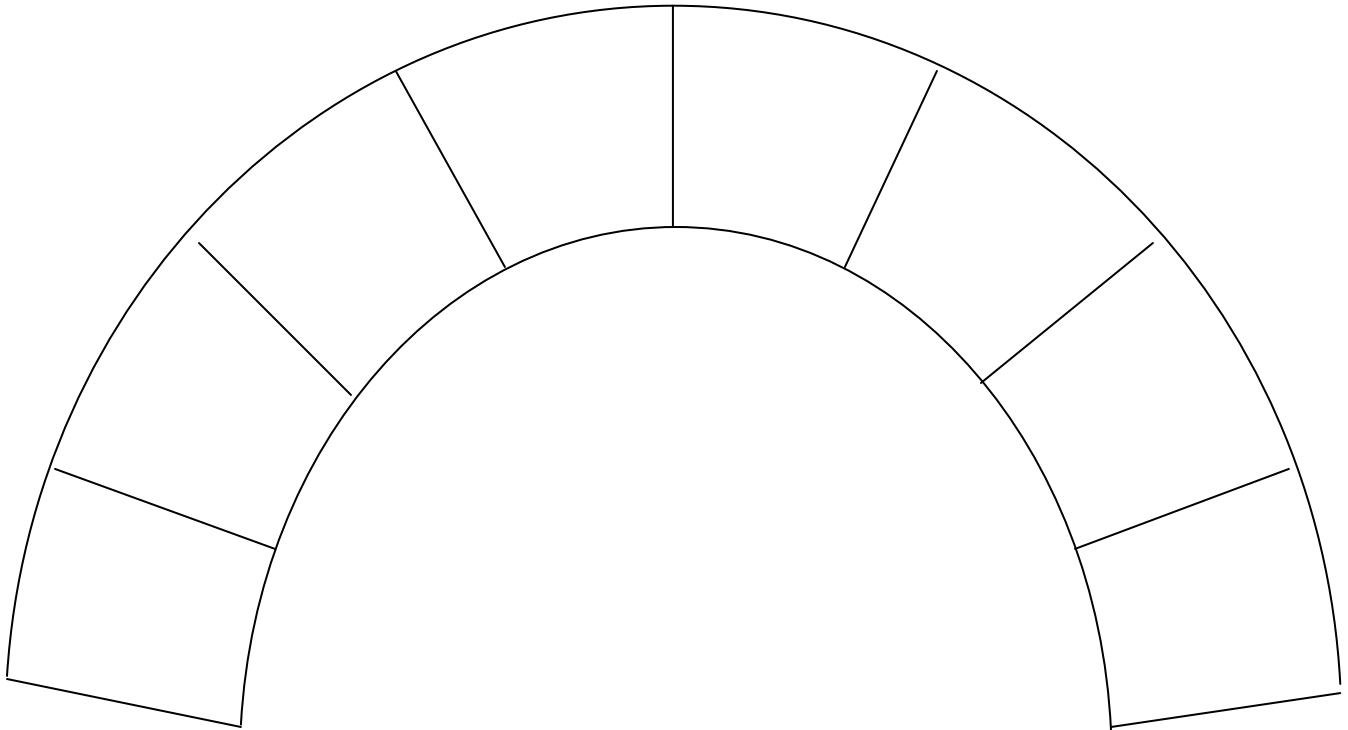




# CHORAL SETUP FORM

ENSEMBLE NAME – SCHOOL – CITY – STATE

DIRECTOR



Piano	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sound system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Microphones	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> If yes, how many? ____
Stage shells	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> If yes, how many? ____
Choral Risers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

TOTAL NUMBER OF PERFORMERS?

\_\_\_\_\_

Additional Instructions