

GET MUSIC! Educational Outreach Initiative in Memory of John C. Bird
Elmer Iseler Singers, Dr. Lydia Adams - conductor/clinician

To receive information about participating in our *GET MUSIC! programme*
please fill out following information:

Are you conducting a choir presently? Yes ____ No ____

Name of choir: _____

School Choir ____ Community Choir ____

SECONDARY and MIDDLE SCHOOLS:

Name of Participating School: _____

Your school board: _____

COMMUNITY CHOIRS:

Participating Community Choir: _____

Main Contact Person: _____

Telephone:

Day: _____

Evening: _____

Fax: _____

E Mail: _____

Participating Conductor Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

Fax: _____

E Mail: _____

Information about your choir:

How many choir members?

#Soprano: ____ # Alto: ____ # Tenor: ____ #Bass: ____ TOTAL: ____

What repertoire are you working on now? _____

What major works have you performed with your choir? _____

As a conductor - what is your skill level? Beginner ____ Intermediate ____ Advanced ____

Please include a short description or Bio about your personal music journey.
