CULTURAL ARTS CENTER
CHORAL FESTIVAL SCHEDULING FORM

This form is just to schedule your slots, it is not your complete application

Due September 11, 2026, no payment with this form

Name of your School: _____

Choral Director's Name: _____ **Cell Phone:** _____

Choral Director's Email Address: _____

School Address: _____

City:_____**State:** _____ **Zip Code:**_____ **Phone:** _____

School Accounting Dept. Contact Perso (Name): _____

Email Address for billing purposes: _____

FOR SCHEDULING PURPOSES ONLY PLEASE ANSWER THE FOLLOWING QUESTIONS: (This is not to be submitted to your accounting person for a check; this will be on a separate form)

<u>WHO'S COMING AND HOW MANY:</u>

Total # of CHOIRS you plan to bring: _____ (share with me the names of your choirs so I can hold slots for them: _____
_____
_____
_____
_____)

Total # of SHOW CHOIRS you plan to bring: _____ (Share wit me the names of your show choirs so I can hold slots for them) _____
_____
_____)

Total # of SOLOISTS you plan to bring: _____

Total # of INSTRUMENTALISTS you plan to bring: _____ Please tell us what kinds of instruments they will be playing, how many of each type, do they need chairs or stools: _____
_____

<u>DATES YOU NEED</u>: please check the day you need to come to festival

Monday, November 2, 2026	8:00 AM to 12:00 noon	_____
	12:00 noon to 5:00 PM	_____
Tuesday, November 3, 2026	8:00 AM to 12:00 noon	_____
	12:00 noon to 5:00 PM	_____

<u>TRANSPORTATION PLANS:</u> How do you plan to arrive

Private Coach/ Tour Bus/Charter Bus _____ How Many? _____
School Bus _____ How Many? _____
Personal Cars or School Vans _____

<u>INFORMATION TO HELP YOUR DAY GO SMOOTHLY:</u> It's the little things we need to know to help you the most

1. Do you plan on arriving earlier than your performance time to watch other choirs perform? Y N

- What time do you think you will arrive to watch? _____AM / PM
- Will your students come dressed even if they are watching others perform? Y N
- Do you need to have a changing time prior to warm up if you are arriving early? Y N

2. Will you be **ordering food to be delivered** to the CAC for lunch? Y N

3. Will you be bringing **HANDICAPPED STUDENTS**? Y N if yes, can you tell us the nature of the handicap? ___Wheelchair ___ Walker or braces ___ Blind ___ Cast or Boot

4. Will you be **staying at a local hotel** prior to your performance date? Y N

5. Do you **need a specific day** (usually Monday) so that you can attend the Peanut Festival Sunday Night and the Festival Competition on Monday? Y N

6. Do you plan **to attend the National Peanut Festival** after you perform? Y N

7. Is there a **specific time you need to leave** our festival and arrive back at your school? Y N If Yes, what time is that? _____ AM / PM CST or EST

8. Is there a **specific time you can LEAVE YOUR SCHOOL BY** so we can calculate your arrival time here to set your schedule? Y N what time is that? _____AM / PM CST or EST.

Complete this form and email it to ann@theculturalartscenter.org so that we can get you into the scheduling slots. You will hear from us about your schedule no later than September 30, 2026