

HIGH SCHOOL FESTIVAL & PREACHING CONFERENCE RESERVATION FORM DEADLINE: OCT. 2, 2009

Please Type or Print (Use blue or black ink only)

Mr/Mrs/Miss _____ Date of arrival ____ / ____ / ____

Name _____ Date of birth ____ / ____ / ____ Grade ____ Date of departure ____ / ____ / ____

Home address _____ City _____ State _____ ZIP _____ Home phone (____) _____

Name of sponsor _____ Name of school _____ E-mail address _____

School address _____ City _____ State _____ ZIP _____ Phone (____) _____

Check all which apply: Festival participant (all participants must stay in residence halls) Non-competing student attending with participating group

Sponsor needing residence hall accommodations Sponsor staying off campus Sponsor bringing two or more contestants I am accompanying for competition(s).

Please list names of groups/individuals you will accompany: _____

Sibling room request _____

MEDICAL RELEASE: My child has no physical conditions which will keep him/her from participating in the full range of activities being planned. I authorize Bob Jones University to act for me according to its best judgment in any emergency requiring medical attention. If medical attention is advised by Bob Jones University but upon parental notification that treatment is refused, I understand that my child will not be permitted to remain. I also understand that the University is not responsible for any expense incurred because of any injury or illness.

Participant's name _____ Name of responsible party _____

Signature of responsible party _____ Last _____ First _____ Middle _____ Name he/she goes by _____ Insurance provider _____ Policy number _____

Please list any medical conditions or sensitivities/allergies of which we should be aware: _____

GROUP CONTESTS

Contestants may not compete against themselves in any group competition. (Note school contest limits.)

Piano Ensemble (2-4) Choir (17 or more) Large Vocal Ensemble (7-16)

Name of ensemble _____ Name of choir _____ Name of ensemble _____

String Ensemble (2-9) Brass Ensemble (2-9) Acting Scene

Name of ensemble _____ Name of ensemble _____ Play _____

Percussion Ensemble (4-12) Woodwind Ensemble (2-9)

Name of ensemble _____ Name of ensemble _____

Small Vocal Ensemble (2-6) Handbell Ensemble (4 or more)

Name of ensemble _____ Name of ensemble _____

On a separate sheet of 8.5"x11" paper, please list every group, and list each group member in alphabetical order according to last name. All lists must be TYPED.

INDIVIDUAL/SOLO CONTESTS

You may enter a maximum of three.

ART A maximum of three art categories (not including the Extemporaneous Drawing Contest) may be entered and still count as only one Festival contest. Lettering Drawing

Painting (oil/acrylic) Painting (gouache/watercolor) Printmaking Ceramics Crafts Sculpture Extemporaneous Drawing

MEDIA ART Photography Video Competition

MUSIC Men's Voice Women's Voice String Brass Woodwind Classical Piano Sacred Piano Organ Harp/Classical Guitar

I will need an accompanist. Contest: _____ (Music for accompanist must be sent by Oct. 2.)

I will provide my own accompanist. Contest: _____ Name of accompanist: _____

SPEECH Original Oratory Oral Reading of Scripture Poetry Dramatic/Narrative Literature TV Editorial

PREACHING

PAYMENT INFORMATION

\$ _____ Participant Fee—\$70
 \$ _____ Non-competing student attending with participating group—\$20
 \$ _____ Accompanist fee—\$25 per contest accompanied
 \$ _____ Sponsor residence hall accommodations—\$22 per night (see "costs")
 \$ _____ Nonrefundable late fee—\$50 per student/sponsor (after Oct. 2)
 \$ _____ Total amount enclosed

FESTIVAL BANDS/ORCHESTRA/CHORUSES

Contestants may participate in one of the following:

Festival Bands (3 years' experience) Instrument: _____ Yrs. Played: _____

Festival String Orchestra* Instrument: _____ Yrs. Played: _____

(Eligibility Criteria: Violin I must be able to play with confidence and ease in fifth position, Violin II & Viola in third position, Cello & Bass in fourth position.)

Festival Ladies Chorus* Voice part: _____

Festival Mixed Chorus* Voice part: _____

*Participation is limited—see brochure for details

PAYMENT TYPE

Check (payable to BJU. One check per group) Discover Visa MasterCard Card # _____ Exp. Date _____ ZIP code _____

Name on card _____ Signature of cardholder _____

Completed form with full payment must be received by Oct. 2, 2009. Mail to: Guest Services, Bob Jones University, Greenville, SC 29614-0001.