

# PERFORMANCE APPLICATION

Please mail your completed application to:

Universal Orlando Resort, STARS Performance Program, 1000 Universal Studios Plaza Orlando, FL. 32819 or fax to 407-224-3343

**GROUP INFORMATION:** (PLEASE PRINT CLEARLY)

Today's Date \_\_\_\_\_

Performing Groups require a minimum of 40 participants and the purchase of 2-Day/2-Park tickets to Universal Orlando® Resort.

School/Organization Name \_\_\_\_\_

Performance Group Name \_\_\_\_\_

Group's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director's Name/Title \_\_\_\_\_

Telephone: Day (\_\_\_\_) \_\_\_\_\_ Eve (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Number of Performers \_\_\_\_\_ Chaperones \_\_\_\_\_ Directors \_\_\_\_\_ Others \_\_\_\_\_ = Total in Group \_\_\_\_\_

PERFORMANCE DATE REQUESTED: Please provide up to four dates in order of priority.

1	2	3	4
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GROUP TYPE: Indicate One Group Type Per Application

- MARCHING BAND    CONCERT BAND    WIND ENSEMBLE    DANCE TEAM    ORCHESTRA  
 JAZZ BAND    SHOW CHOIR    CONCERT CHOIR    MAJORETTES    OTHER \_\_\_\_\_

TECHNICAL REQUIREMENTS: Indicate Quantity Needed

STAGE EQUIPMENT:

- \_\_\_\_ Chairs    Bass Input  
\_\_\_\_ Music Stands    CD Player  
\_\_\_\_ Area Microphones    Cassette Player  
\_\_\_\_ Solo Microphones    Director's Podium  
\_\_\_\_ Power Outlets    Risers  
\_\_\_\_ Keyboard Inputs   (Up to 6 Standard  
\_\_\_\_ Guitar Input   Six-Foot Choral Risers)

YAMAHA CONCERT PERCUSSION:

- \_\_\_\_ Timpani (Set of 4)  
\_\_\_\_ Concert Bass Drum (1)  
\_\_\_\_ Marimba (1)  
\_\_\_\_ Xylophone (1)  
\_\_\_\_ Vibraphone (1)  
\_\_\_\_ Chimes (1)  
(No keyboards, pianos or drum sets available)

NUMBER OF VEHICLES:

- \_\_\_\_ Motorcoach/es  
\_\_\_\_ Equipment Vehicles

TRAVEL PLANNER INFORMATION: Please be sure to complete if your group is utilizing a Travel Planner/Agent.

Travel Planner Name \_\_\_\_\_

Travel Planner Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Representative/Contact Name \_\_\_\_\_

Travel Planner Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Travel Planner E-Mail \_\_\_\_\_

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