



Your Performance Partner

Official supplier of staging equipment for the STARS Performance Program



STARS PERFORMANCE APPLICATION



Official supplier of percussion instruments for the STARS Performance Program

Please fax completed order form 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 _____

Telephone: Day (_____) _____ Cell (_____) _____ Fax (_____) _____

E-Mail Address _____

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 |
|---|---|---|---|

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 _____

MARQUEE MARCHING PERFORMANCES: Mardi Gras (limited Saturdays in the Spring) Macy's Holiday Parade (select days in Dec.)

TECHNICAL REQUIREMENTS: Indicate Quantity Needed

STAGE EQUIPMENT:

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

PEARL/ADAMS CONCERT PERCUSSION:

OF VEHICLES:

- _____ Timpani (Set of 4)
 _____ Concert Bass Drum (1)
 _____ Marimba (1)
 _____ Xylophone (1)
 _____ Vibraphone (1)
 _____ Chimes (1)
 _____ Bobby Allende Congas
 _____ Motorcoaches
 _____ Equipment Vehicles

(No keyboards, pianos or drum sets available)

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 (_____) _____ Cell (_____) _____

Travel Planner E-Mail _____ Fax (_____) _____

1-800-Youth-15
www.uogroupsales.com