



WINSTON-SALEM
Youth Chorus

Winston-Salem Youth Chorus Performance Request Information

Today's Date: _____

Name of sponsoring organization: _____

Your name & title: _____

Address: _____

Phone: _____

Email: _____

Performance date: _____

Performance Location (please include address) : _____

Performance Time: _____

Length of performance: _____

Type of music desired: _____

Piano or keyboard available: _____

Stage or risers available (please give details if needed):

Total audience in attendance: _____

Event Description (please attach flyers, info, etc):

Please return this form to Karen McNeely, Operations Manager, at karen@wsyouthchorus.org or fax to 336-703-0001.