

NEW ENGLAND CONCERT FESTIVAL
Acceptance Form and Festival Invoice
Due January 25th

Organization Name:

Member Name(s):

Number of participating students:

Festival Fee for each student:

Total for this Organization:

With my signature, I indicate that I fully support our students participating in
this year's New England Concert Festival

Administrator's Signature: _____

NEMFA Member Signature: _____

Mail this completed form with payment to:
William Sittard
PO Box 755
Oak Bluffs, MA 02557-0755