



Email to programs@mbchoralassociation.ca by November 6, 2026.

DATE: _____ **TIME/POD #:** _____

CHOIR NAME: _____

DIRECTOR(S): _____

COLLABORATIVE PIANIST: _____

SCHOOL NAME (if applicable): _____

CITY/TOWN: _____

CHOIR INTRODUCTION

AGE(S) OF SINGERS: _____ **GRADE(S) INVOLVED** _____

[illegible]

PIECES TO BE PERFORMED (3 pieces max, not to surpass 12 mins):

1. Title _____

Composer/Arranger _____

2. Title

Composer/Arranger _____

3. Title _____

Composer/Arranger _____