



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
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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 _____

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:

PEARL/ADAMS CONCERT PERCUSSION:

OF VEHICLES:

- | | | | |
|-------------------------|-------------------------|-----------------------------|--------------------------|
| _____ # of Chairs | _____ Bass Input | _____ Timpani (Set of 4) | _____ Motorcoaches |
| _____ # of Music Stands | _____ CD Player | _____ Concert Bass Drum (1) | _____ Equipment Vehicles |
| _____ Area Microphones | _____ Director's Podium | _____ Marimba (1) | |
| _____ Solo Microphones | _____ Risers | _____ Xylophone (1) | |
| _____ Power Outlets | (Up to 6 Standard | _____ Vibraphone (1) | |
| _____ Keyboard Inputs | Six-Foot Choral Risers) | _____ Chimes (1) | |
| _____ Guitar Input | | _____ Bobby Allende Congas | |

(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