

## 2020 WMEA Capitol Concerts Request to Perform

**Groups are selected based on the following criteria:**

1. Considered together, the groups invited will represent all grade levels – elementary, middle, high and collegiate.
2. Considered together, the groups invited will portray a wide variety of types of performing organizations.
3. Considered together, groups from all areas of the state will be represented.
4. In order for as many students to have the opportunity to participate as possible, groups who have not performed at the Capitol in the past will be considered first.
5. Applicant must be a WMEA member.
6. All performance requests must go through WMEA Chairperson Kathy Bartling.
7. Submit this form by **Dec. 1, 2019** to:

**WMEA, Attn: Capitol Concerts – Kathy Bartling, 1005 Quinn Drive, Waunakee, WI 53597**

***Dates listed below are tentative and subject to change. If selected, you will be notified by January 15.***

**Rank by order of preference (1=1st choice, 2=2nd choice, etc.). Indicate four choices.**

<input type="checkbox"/> March 3	<input type="checkbox"/> March 13	<input type="checkbox"/> March 31
<input type="checkbox"/> March 4	<input type="checkbox"/> March 17	<input type="checkbox"/> April 1
<input type="checkbox"/> March 5	<input type="checkbox"/> March 19	
<input type="checkbox"/> March 12	<input type="checkbox"/> March 20	

Note: Performance time is noon to 1 p.m. only.

**Equipment Needs:**

Number of Chairs \_\_\_\_\_ (Please note: WMEA pays rental per chair)

Electricity:  Yes  No

Number of Three-step Risers: \_\_\_\_\_ (up to 9 sets available)

Grand Piano:  Yes  No

*Music stands and percussion equipment are NOT AVAILABLE; you must bring your own. Microphone/PA system, risers, piano and chairs will be provided. WMEA will also handle permit with Capitol.*

**School Group Information:** (Please Print)

\_\_\_\_\_  
Name of Group \_\_\_\_\_  
Director of Group

\_\_\_\_\_  
Type of Group \_\_\_\_\_  
Number of Performers

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Director E-mail Address

\_\_\_\_\_  
School Phone \_\_\_\_\_  
ICE: Director's Cell

\_\_\_\_\_  
State Senator \_\_\_\_\_  
State Assembly Representative

**Disclaimer:**

*We understand that all costs associated with this performance other than identified above are the responsibility of the school district.*

\_\_\_\_\_  
Principal Signature

**Questions? Contact Kathy Bartling at [kathybartling@gmail.com](mailto:kathybartling@gmail.com) or 608-850-3566.**