



X.C.L.A.I.M. CHORAL CLINICS / CONCERTS

Ministries of EggleSong Enterprises

Website: www.egglesong.citymax.com



REGISTRATION FORMS

Date of XCLAIM Choral Clinic – 1st choice _____ 2nd choice _____ 3rd choice _____

Saturday Lunch, 12:15 PM ___Yes ___No **OR** Sunday Dinner, 5:30 PM ___Yes ___No

Worship Concert, 1:00 PM ___Yes ___No **OR** Sunday PM Service, 6:30 PM ___Yes ___No

[Note – *Other days are available if requested. See important information sheet on XCLAIM Choral Clinics.]

Check one: ___I want to be a HOST CHURCH. ___I want to be a PARTICIPATING CHURCH.

Name _____ Phone (church) _____

Position _____ Phone (cell) _____

Church _____ Email _____

Address _____

[Host churches fees (\$200) are waived when at least 4 churches are involved. Participating churches will pay a \$50 DEPOSIT 2 weeks in advance and the balance of \$150 or less paid at the event. You may choose to pay the entire fee. There will be no refunds on deposits one week prior to event. Each church will receive 10 free anthem packets (6 anthems each packet), a \$100 value. Additional packets are \$10 each.]

		(First 10 FREE/church)			
Clinic Fees:		No. of Participants	Add'l Packets (\$10 each)	CLINIC DEPOSIT/FEE	COST
4 church minimum	@ \$200 each				
5 churches	@ \$175 each				
6 churches	@ \$150 each				

Host Church: _____ \$ _____ (Waived) \$ _____

Participating Church: _____ \$ _____ \$ _____

TOTALS: _____ \$ _____ \$ _____

Make checks payable to: **EggleSong Enterprises (for: XCLAIM Choral Clinic)** (No credit cards accepted.)

Send to: **XCLAIM Choral Clinics, 136 Stockland Rd., Irmo, SC 29063**

Date of EGGLESTON CONCERT – 1st choice _____ 2nd choice _____ 3rd choice _____

Check one: ___I want Tom Eggleston in *CONCERT in conjunction with an XCLAIM CHORAL CLINIC.

___I want Tom Eggleston in **CONCERT or SPECIAL EVENT (only).

Name _____ Phone (church) _____

Position _____ Phone (cell) _____

Church _____ Email _____

Address _____

DEPOSIT (with Choral Clinic, \$100) \$ _____ DEPOSIT (Concert only, \$200) \$ _____

[*CONCERT DEPOSIT of \$100 2 weeks in advance if in conjunction with XCLAIM Choral Clinic and balance of \$150 at concert date.

[**CONCERT DEPOSIT of \$200 2 weeks in advance if Concert/Special Event ONLY and balance of \$300 at concert date.]

[There will be no refunds on deposits one week prior to event. See important information sheet for Concert Ministry.]

CONTACT: Tom Eggleston

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