



Tour Planning Consultant Form
Trip Questionnaire

School Year of your Tour: _____

School Information:

Director's Name: _____ School Name: _____
School Address: _____ City: _____ State: _____ Zip: _____
School Phone #: () _____ ext. _____ Cell Phone #: () _____ Fax Number: _____
Best Time To Call: _____ Email: _____

Groups on Tour:

Concert Band Jazz Band String Orchestra Full Orchestra Concert Choir Show Choir Other
(explain other: _____)
Number of Groups: _____ Estimated Student Cost: _____ Estimated Adult Cost: _____
Estimated Budget / Person: _____

Tour Destination:

Destination Interest: _____ Number of Nights: _____
Travel Dates (including travel days): _____
Performance Opportunities desired: Competition Performance only Parade
Special Performance request: _____ Special Meal Request: _____

Other Special Plans for your Tour:

Please fax your questionnaire to Texas Music Festivals at (956) 428-0380