

Things You Need to Know

- 1) Performance dates and times are reserved on a first-come, first-served basis. The Way of Lights calendar is maintained year-round so there is no need to wait for this invitation before booking an appearance. Musicians can schedule future performances anytime by contacting the phone number or e-mail below.
- 2) Artists/ensembles should **plan to perform at least 30 minutes**, and to finish 10 minutes before the end of the reserved time slot – allowing time for striking and setting up prior to the next performance.
- 3) Performances should be of a quality to be enjoyed by the general public; while children’s choirs and ensembles are welcome, individual performances by children (i.e. private studio recitals) will not be permitted.
- 4) Music selections should be mostly sacred (Christian) and mostly Christmas-themed, but other types of pieces are also welcome.
- 5) The Visitors Center lobby is not a typical concert venue; please understand there will be a “hustle and bustle” in the building as guests will be coming and going during performances.
- 6) Unfortunately there is **no space available for ensembles to warm-up** prior to performances.
- 7) The Shrine will provide three sets of three-step choral risers, an acoustic piano and one microphone. Upon request, we can also provide a portable CD player and a limited number of chairs and music stands. Any other supplies (i.e. handbell tables, additional sound equipment) will need to be provided by the performers.
- 8) Prior authorization from the Shrine is required at least one week before the appearance if performers wish to sell merchandise, take donations or display promotional materials.
- 9) All scheduled performers will receive via email a map of the Shrine grounds which shows a bypass route around the Way of Lights and available parking. However, performers should allow extra time for travel as traffic approaching the Shrine can sometimes back up.

TO REGISTER: 618-394-6276 or perform@snows.org

When registering, the following information will be needed:

Name of group: _____ City: _____ State: _____

Do you need a piano? _____ Risers? _____ Any other equipment? _____

Number of adults in group: _____ Children: _____ Total number performing: _____

Contact person: _____ Email: _____

Address: _____

City, State, Zip: _____ Phone: _____

Performance preference: 6 p.m. 7 p.m. 8 p.m.

Date: ____ ____ ____ (1st choice) Date: ____ ____ ____ (2nd choice)