## PERFORMANCE GROUP BIOGRAPHY

To be given to the clinicians prior to your performance.  Ensemble Name:  Community:	MOOSE JAW LEAND & CHORAL FESTIVAL		
		Director(s) Name, Experience & Background Experience:	
Group Information:			
How many years of study?			
Student's grades in the group:			
School population:			
Additional group information:			
Areas of concern for clinicians to focus:			