



CHAMBER SINGERS RETREAT FORM
18TH ANNUAL FRESHMAN CHOIR RETREAT
PINE RIDGE BIBLE CAMP, CEDAR SPRINGS, MI
FRIDAY-SUNDAY, SEPTEMBER 22-24, 2017

COST: \$105.00

**COST INCLUDES TWO OVERNIGHT ACCOMMODATIONS, FIVE MEALS,
SNACKS, AND THE OFFICIAL FRESHMAN RETREAT T-SHIRT!!**

- THE 18TH ANNUAL FRESHMAN CHOIR RETREAT IS BEING OFFERED TO GIVE 9TH GRADE ROCKFORD HS SINGERS AN INTRODUCTORY EXPERIENCE WITH OUR CHOIRS AND THE WAYS THAT WE WORK TOGETHER. VETERAN MEMBERS OF THE PROGRAM (THE RHS CHAMBER SINGERS) WILL BE WITH US AT CAMP TO SERVE AS MENTORS.
- OUR TIME WILL BE SPENT REHEARSING, GETTING ACQUAINTED, TEAM BUILDING, AND PREPARING FOR 2017-2018 CHOIR EVENTS. ROCKFORD SCHOOL BUSES WILL PROVIDE TRANSPORTATION TO THE CAMP ON FRIDAY, BUT PARENTS ARE EXPECTED TO PICK UP THEIR STUDENTS ON SUNDAY.
- WE WILL PRESENT A BRIEF "INFORMANCE" ON SATURDAY AT 3:00 PM WITH THE FRESHMAN CHOIR, OUTSIDE AT THE CAMP, WHEN FRESHMAN PARENTS ARRIVE TO PICK UP THEIR STUDENTS.
- CHAMBER SINGERS WILL HAVE A RETREAT ON THEIR OWN ON SATURDAY EVENING AFTER THE FRESHMAN STUDENTS DEPART. CHAMBER SINGERS RETREAT WILL CONCLUDE ON SUNDAY AT 11:00 AM.
- ITEMS TO BRING AND A TENTATIVE SCHEDULE, INCLUDING MAPS AND FINAL DETAILS, WILL BE SENT HOME IN A SUBSEQUENT HANDOUT (AND POSTED ON WWW.ROCKFORDCHOIRS.COM). AT THIS TIME WE NEED TO KNOW HOW MANY STUDENTS ARE PLANNING TO ATTEND. PARTICIPATION IS NOT MANDATORY, BUT IT IS STRONGLY ENCOURAGED.

QUESTIONS?

EMAIL MRS. SCOTT AT MSCOTT@ROCKFORDSCHOOLS.ORG.

**PLEASE RETURN THE BOTTOM OF THIS FORM WITH A \$105.00 CHECK MADE OUT TO
ROCKFORD CHOIRS BY FRIDAY, SEPTEMBER 8, 2017**

(Please return this form with payment by Friday, September 8, 2017)

SINGER NAME _____

T-SHIRT SIZE (ADULT SIZES) S M L XL

PARENT NAME(S) _____

HOME PHONE _____ BEST TIME TO CALL _____

WORK PHONE _____ BEST TIME TO CALL _____

CELL PHONE _____ EMAIL: _____

THE FOLLOWING INFORMATION IS CONFIDENTIAL:

MEDICAL INFORMATION

PLEASE LIST ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF:

PLEASE LIST ANY MEDICATIONS FOR YOUR STUDENT:

CHECK ONE:

_____ I PREFER MY STUDENT BE RESPONSIBLE FOR CARRYING AND ADMINISTERING HIS OR HER MEDICATION

_____ I PREFER THAT A CHAPERONE BE RESPONSIBLE FOR CARRYING AND ADMINISTERING STUDENT MEDICATION

PLEASE LIST ANY FOOD RESTRICTIONS OR FOOD ALLERGIES:

(SIGNING THIS COMMITMENT FORM WILL ALSO SERVE AS A
PERMISSION SLIP FOR YOUR STUDENT TO TRAVEL WITH US)

PARENT SIGNATURE _____