

SOUTH DAKOTA HONOR CHOIR - 2018

JULY 29 – AUGUST 3, 2018

UNIVERSITY OF SIOUX FALLS, SIOUX FALLS, SD

(PLEASE DO NOT STAPLE CASH OR CHECKS TO THIS FORM)

Audition Sites and Dates: Rapid City April 10 4 – 7 pm Huron April 12 4 – 7 pm Freeman April 13 4 – 7 pm Sioux Falls April 20 4 – 8 pm Sioux Falls April 21 9 am – 2 pm	Please Send Registration and Fee to: Jane Ruud 4512 East 36 th St Sioux Falls, SD 57110 MUST BE POSTMARKED NO LATER THAN MARCH 1ST, 2018 TO BE ACCEPTED
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****AUDITION FEE: \$15.00 - Make checks payable to: SOUTH DAKOTA HONOR CHOIR****

DIRECTORS: Please type or print clearly the items below (information will not be released to other parties)

Student Name	Grade (circle one)	10	11		
Student Address	Voice (circle one)	S	A	T	B
City	Zip Code	Name of High School			
Student Home Phone	High School Address				
Parent/Guardian's Name	City	Zip Code			
Parent/Guardian Address (if different than student)					

Director Information (must be current member of ACDA)

Director Name	ACDA Member # / Expiration date (required)		
Home Address	Home Phone	Work Phone	
City	Zip Code	Summer Phone	e-mail

DIRECTOR RECOMMENDATION
This student is a member in good standing with his/her high school choral program. He/she has also demonstrated the exemplary behavior necessary to represent his/her school, city, and state at the High School Honor Choir camp.

Director's Signature: _____ Date: _____

PARENTAL CONSENT
I give my child permission to audition for the South Dakota High School Honor Choir. I realize that, if he/she is selected, this is a financial and time commitment. I also understand that participants are required to be present for the **full** duration of the camp, and at no time can be excused to leave. (Emergencies only) The camp registration will begin on Sunday afternoon and students will be excused after the Friday evening concert.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian email address: _____

AUDITION SITE: