**Fulton County Schools Music Department presents:**

**Fulton County Choral Clinic 2019**

Dear Parent/Guardian,

Your child is invited to participate in a countywide elementary choral event called the Fulton County Choral Clinic, which will take place **Saturday, March 16, from 8:30am-2:15pm at Dolvin Elementary School**. This will be a day full of fun, entertainment, camaraderie and lots of singing. Our theme for the day is *Broadway Beat.* Students will attend four sessions throughout the day in which they will learn about vocal warm-ups, proper breathing, vocal tone production and choreography. The highlight of the day will be a concert for our families at 2:15 pm.

**The cost per child is $35**. This fee will cover the cost of the workshop, printed music, snacks, souvenir bag, water bottle, and t-shirt. Each child must bring his/her own lunch. Snack machines, drink machines, refrigerators and microwave ovens will not be available to students.

For students wishing to attend from the southern end of the county, there will be a bus available to ride to and from Dolvin Elementary School at no additional charge. The bus meeting point will be Brookview Elementary School.

Please complete the attached form and return it to your child’s music teacher by **January 25.** Incomplete forms and/or the lack of payment may prevent your child from participating. Checks should be made payable to **your student’s school** or you may send cash. If you have any questions, please contact your child’s music teacher. We look forward to working with your child! Thank you for supporting the Fulton County Music Department. See you in March!

Sincerely,

Elementary Choral Clinic Committee

**ELEMENTARY CHORAL CLINIC**

**STUDENT PARTICIPATION FORM**

(Please print all information except the parent signature)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Music Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical concerns (medicines, allergies, asthma, etc…)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUS INFORMATION – *SOUTH COUNTY ONLY***

Will your student ride on the bus to and from Dolvin ES? No Yes

**TYPE OF PAYMENT:**

\_\_\_\_\_I have attached a check for $35 **made payable to my student’s school.**

(Please put your child’s name on the “memo” line on your check.)

\_\_\_\_\_I have attached $35 cash

**T-SHIRT**

Please circle your child’s T-shirt size:

YM YL YXL/AS AM AL AXL other\_\_\_\_\_\_\_

**Please return this form to your music teacher by January 25th, 2019**

**ELEMENTARY CHORAL CLINIC**

**MEDIA RELEASE FORM**

Dear Fulton County Choral Clinic Parents,

With your permission, during our Saturday workshop, your child may be photographed, videotaped or interviewed for stories / articles promoting our Choral Clinic or the Fulton County School System. These stories / articles may appear in newspapers, on the Choral Clinic website, or on the Fulton County Schools website.

If you agree to allow your child to be interviewed, videotaped or photographed, please sign and return the attached form. This blanket release applies only to positive, noncontroversial stories.

\_\_\_\_\_ Yes. I give permission for my child to be interviewed, photographed and /

or videotaped for publicity purposes.

\_\_\_\_\_ No. I do not want my child interviewed, photographed and / or videotaped

for publicity purposes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child / Date Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent

**Please return this form to your music teacher by January 25th, 2019**