

Name _____
Last First What you wish to be called

Age _____ Birth Date ___/___/___ Rising Grade _____ T-shirt size _____

RSCM Courses attended _____

RSCM awards (ribbon level or otherwise) _____

Parent or Guardian Name(s) _____

Address _____
(street) (city, state, zip code)

Phone _____ Mobile _____ E-Mail _____

Are you interested in individual voice instruction during the week? Please check one: ___Yes No ___

Choir Information

Choirmaster Name _____

Name of Organization _____

Address _____

Phone () _____ E-Mail _____

Are you a member of the RSCM? ___Yes No ___ *Note: RSCM affiliates receive a \$25 discount.*

I certify that this chorister is in good standing. She is mature enough socially and musically to function in this intensive experience. She comes with my recommendation.

 Choirmaster's signature

 Rector's signature

Course fees are \$550, (does not include music). RSCM affiliates' fees are \$525.

Please make checks payable to RSCM Carolina Course.

Due with this application is a \$100 non-refundable deposit. The balance is due June 1, 2009.

Return Application and Deposit to **Mrs. Nancy Hendricks**, 6260 Shilelagh Oaks Parkway, Ravenel, SC 29470

Tel: 843-889-0428; E-mail: Nchendricks88@cs.com

For office use only:

Dep. Pd. _____ Ck# _____ Bal. Pd. _____ Ck# _____

Forms Rec'd: Medical ___ Travel ___ Behavior ___