

## WHO'S WATCHING THE SINGERS?

Please complete the following grid with the name(s) of the teacher or chaperone who will be responsible for your students at the designated times. This is for the safety of our singers. Please sign and have your principal sign the form. **DO NOT MAIL THIS SHEET.** Bring it with you to registration.

Teacher's Name: \_\_\_\_\_

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

**Choose one:** Allegro Chorus Vivace Chorus

Cell Phone \_\_\_\_\_

### Friday, October 28

Session 1 12:45 – 3:00 \_\_\_\_\_

Session 2 3:00 – 4:45 \_\_\_\_\_

Dinner 4:45 – 6:30 **On your own**

Session 3 6:30 – 8:30 \_\_\_\_\_

### Saturday, October 29

Session 4 9:00 – 10:45 \_\_\_\_\_

Session 5 10:45 – 11:45 \_\_\_\_\_

Lunch 11:45 – 12:45 **On your own**

By completing and signing this form, I do hereby agree that my students will be supervised at all times during the 2011 Statewide Elementary Honors Chorus, October 28-29, 2011. If I am not in attendance at the particular session, I will have a designated chaperone that I have listed above.

Teacher's Signature: \_\_\_\_\_

I have read this list and am in agreement with the teacher that the students from my school will be chaperoned at all times during the weekend, October 28-29, 2011.

Principal's Signature: \_\_\_\_\_

**Please bring the completed form to registration.**