



Who's Watching the Singers?

Please complete the following including name(s) of the teacher and/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.

Teacher Name: _____

School Name: _____

Teacher Cell Phone: _____

Chaperone(s) Name: _____

Chaperone(s) Cell Phone: _____

My students are in the (circle one): Allegro Chorus Vivace Chorus

***On the lines between each choirs' schedule, please provide the name of the Director or Chaperone who will be supervising your students for the 4 Rehearsal Sessions and the Concert Session.*

ALLEGRO SCHEDULE

Friday, February 9, 2024

Registration 11:15-11:45 a.m.
Session 1 12:00-2:15 p.m. _____
Session 2 2:30-4:45 p.m. _____
Dinner 4:45-6:45
 (On Your Own)
Session 3 7:00-8:45 p.m. _____

Saturday, February 10, 2024

Session 4 8:45-11:00 a.m. _____
Concert 11:00-12:00 p.m. _____

VIVACE SCHEDULE

Friday, February 9, 2024

Registration 10:30-11:00 a.m.
Session 1 11:30-1:45 p.m.
Session 2 2:00-4:15 p.m.
Dinner 4:15-6:45 p.m.
 (On Your Own)
Session 3 7:00-8:30 p.m.

Saturday, February 10, 2024

Session 4 9:15-11:00 a.m.
Concert 11:00-1:00 p.m.

By completing and signing this form, I hereby agree that my students will be supervised at all times during the 2024 Statewide Elementary Honor Chorus, February 9-10, 2024. If I am not in attendance at a particular session, I will have a designated chaperone that I have listed above.

Teacher's Signature

I have read the supervision assignments and am in agreement with the teacher that the students from my school will be chaperoned at all times during the event, February 9-10, 2024, at the Clayton County Performing Arts Center (Jonesboro, GA).

Principal's Signature

DO NOT MAIL THIS SHEET. Please bring the completed form to Registration.