



UNITY SHOW CHOIR CAMP 2018



Show Choir is a competitive performance style that combines vocal techniques of a large choir, popular dance styles, and theatre to form a life of its own that reaches a wide audience.

Unity Show Choir Camp is designed to be a positive and enriching musical experience at a minimal cost. Each group will learn a specialized show in time to perform for parents and community members on the final day of camp.

SESSION 1: JUNIOR HIGH **July 23-27 Time: 9AM-12PM**

Unity High School
1127 County Road 800N
Tolono, IL 61880

Drop off: Door B

Entering grades 6-8
9AM-12PM (Monday –Thursday)

****Friday 9AM-6:30PM**
Friday Performance 6:30 PM
FEE: \$75.00

SESSION 2: HIGH SCHOOL **July 23-27 Time: 1PM-4PM**

Unity High School
1127 County Road 800N
Tolono, IL 61880

Drop off: Door B

Entering grades 9-12
1PM-4PM (Monday –Thursday)

****Friday 9AM-6:30PM**
Friday Performance 6:30 PM
FEE: \$75.00

*Discount available for multiple siblings regardless of session extra siblings (\$50.00)

NOTICE: Friday is all day for both Sessions (lunch and dinner will be provided), with a final performance Friday Night in the Auditorium at 6:30PM. Performers will wear their camp t-shirt and jeans (pants, shorts, capri) on the day of the performance.

Family Last Name: _____ Your Child(ren)'s School: _____

Street Address: _____

City: _____ Zip: _____

Email: _____

Performer's Name	Gender	Grade in Fall 2018	Which session are you attending?	Session Fee	T-Shirt size
			1 2		
			1 2		
			1 2		
				TOTAL:	\$

T-shirt Sizes Available (non-exchangeable)

YS: Youth Small (6-8)

YM: Youth Medium (10-12)

YL: Youth Large (14-16)

AS: Adult Small

AM: Adult Medium

AL: Adult Large

AXL: Adult X-Large

Send completed registration form (checks payable to "Unity Show Choir") to Miss Kensek at UW

A \$25 non-refundable deposit is due or you may make payment in full (\$75) by Friday, June 1st. The remaining camp fee can be paid during camp registration on July 23rd.

Emergency Contact and Medical Information

_____ M F
 Child's Name Date of Birth Gender

_____ List any medical conditions, allergies, or medications your child has:
 Parent/Guardian Name

Phone Number

Address

City, State, Zip