APPLICATION
The University of Kansas Rock Chalk Singers

Bring this completed application, including required signatures, to the first rehearsal on Tuesday evening, September 8, 2009, 6:00-7:15 p.m., Murphy Hall, Room 575.

Name: ____________________________________________________________
(first and last as you wish it to be listed in concert programs)

Current Age: _____ Current Grade in School: _______ Voice Part Sung (circle one): S  A  T  B

Current School Attended: __________________________________________________________________________________

Current/Accurate Email Address to which to send announcements and other communications:
___________________________________________________________________________________________________________

Telephone Number: ______________________________

Name by which you prefer to be called (first name): ______________________________

Please tell us a little about yourself, including the types of singing experiences you have had in the past (continue on back of page if you like).

What goals would you like to accomplish by being a member of the KU Rock Chalk Singers?

Expectations:
1. Attend, on time, every Tuesday evening rehearsal, 6:00-7:15 p.m., September 8- December 8, 2009. Rehearsals will be held in Murphy Hall, Room 575, on the KU campus.
2. Arrange your own transportation to and from rehearsals.
3. Spend some time each week outside of rehearsal learning/practicing your scores and/or engaging with web modules and other brief assignments.
4. Be on task throughout each rehearsal, evidencing exemplary rehearsal discipline and treating others with courtesy.
5. Take care of the music scores loaned to you. Agree to pay for any lost or damaged scores.
6. Participate in public performances at the University of Kansas on: Friday evening, September 25 (Lied Center), Tuesday evening, December 8, 2009, 6-7:30 p.m. (Murphy Hall). Note: There will be a brief dress rehearsal at the Lied Center on Thursday evening, September 24 (TBA).
Please sign and date as indicated below.

For Students:

I have read the above expectations and by signature below indicate I will abide by them.

Signature of Student ___________________________ Date ___________

For Parents/Guardians:

I have read the information on the purpose and expectations of the KU Rock Chalk Singers and grant permission for my son/daughter to participate in this ensemble.

Signature of Parent/Guardian ___________________________ Date ___________

In case of emergency please contact:

Name of person to contact ___________________________ Telephone number ___________

If there be information you would like us to know about your student (e.g., medications, allergies physical or learning disabilities for which you would like accommodation, etc.) please share it here.

Check one and sign:

____ I hereby grant permission for group photographs including my son or daughter during Rock Chalk Singers rehearsals and events to be used, if selected, on the KU web site, with the understanding that my daughter or son will not be identified by name in accompanying text.

____ I hereby decline permission for group photographs including my son or daughter during Rock Chalk Singers rehearsals and events to be used on the KU web site.

Signature of Parent/Guardian ___________________________ Date ___________