



**2017 Young Women In Harmony "Diva Day" Festival
STUDENT APPLICATION FORM**

Please complete the top portion of this form, and return it to your Choral Director along with your Parental Permission/Emergency Form by the school deadline. The non-refundable application fee is **\$25** (personal check, school check, or money order payable to "Harborlites") if postmarked by **November 11, 2016** or \$30 after November 11.

School: _____

Applicant's name: _____ Date of birth: ____/____/____

Address: _____
Street address City/State Zip Code

Home phone () _____ Year in high school (circle one) 9 10 11 12

T-Shirt size (circle one): S M L XL XXL XXXL

Applicant's Statement of Obligation

I understand that if I am accepted as a singer in this Festival, I will be prepared musically, mentally, and physically at the rehearsal and performance and I will represent my school with appropriate demeanor.

Applicant's signature: _____ Date: _____

PARENTAL PERMISSION & EMERGENCY MEDICAL FORM

Participant's Name: _____ has my permission to participate in the 2017 "Diva Day" Festival on February 4, 2017, and I hereby authorize the Festival coordinators to arrange for any necessary medical treatment in the event of a medical emergency.

In case of emergency, please contact:

_____ Name of Emergency Contact	(_____)_____ Phone Number	_____ Relationship
_____ Parent or Guardian (please PRINT clearly)	(_____)_____ Phone Number	_____ Date

The participant will be traveling to and from the event at Orange Coast College with (check one):

- Parent or Guardian
- Other Adult Supervision (Specify: _____)
- Student is authorized to drive by herself (Parental signature required _____)
- I hereby authorize the Festival coordinators to photograph my child(ren) for publicity in group activities related to the program. Please read and sign the back of this form giving permission to use your child's name and/or photographs taken during the Festival.

Medical Information – Please inform us of any special medical conditions: (Attach additional pages as needed)

 Medication Allergies _____
 Food Allergies or Special Dietary Needs _____
 Parent Signature _____



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SCHOOL APPLICATION FORM**

School: _____ Date: _____

Instructor: _____ Work/School Phone: _____

Cell phone: _____ Email: _____

School Address: _____
 (Where program materials will be mailed/delivered) City/State Zip

Name Badges and T-Shirts will be provided for Students and Choral Directors.
 Available sizes are: S M L XL XXL XXXL

Please indicate voice part of Tenor, Lead, Baritone, or Bass for each student.
 [You may refer to “Voicing” on “Introduction to Barbershop Harmony” enclosure to determine voice part.]

Participant	Name <u>PLEASE PRINT</u>	Vocal Part	T-Shirt Size	
Choral Director	Listed above - Attending Music Education Class: Yes () No ()			
Chaperone As Needed *		---	---	
Chaperone As Needed *		---	---	
<i>* One Instructor and/or School Chaperone per 12 girls required at <u>all</u> times for supervision</i>				
1. Student				
2. Student				
3. Student				
4. Student				
5. Student				
6. Student				
7. Student				
8. Student				
9. Student				
10. Student				
11. Student				
12. Student				

The non-refundable application fee is **\$25** if postmarked by **November 11, 2016** or \$30 after November 11. Make Checks Payable to: **"Harborlites"** (personal check, school check, or money order accepted). Mail School Application Form, **ALL** Student Application/Emergency forms, and fees to: **Harborlites Chorus; c/o Carol Colgrove; 2916 E, Bronco Drive; Ontario, CA 91761.** If additional students are requested, please list them on an additional form. If space is available, they will be included and you will be notified.