

THE MAGNIFICENT TWENTY-FIVE

2011 SMC CLASS PREFERENCE FORM

Friday - June 24, 2011

7:00-8:20 Breakfast
8:30-9:00 Welcome & Announcements
9:00-9:50 Music in the Morn' w/Timeless

10:00-10:50 Support Your Local Sheriff
 Music Selection Part 1
 Making the Leap
 So You Think You Can Dance: Empower Your Visual Plan with YouTube
 Social NetWorking: Marketing Your Chorus in the 21ST Century

11-Noon Embellishments w/Timeless
General Assembly

Noon LUNCH

1:30-2:45 Sectionals on My Baby Loves Me
 Tenor
 Lead
 Bass
 Baritone

3:00-4:15 Basic Dance Steps & Techniques
 Organization for Directors
 Become Your Own Techno geek: much more than just qualifying
 Avoid the Gunfight at OK Corral
 Rookies 101

4:30-5:30 Organization for Admin. Leaders
 Tagathon
 Creating a Physical Warm-up
 For A Few Dollars More: Budgeting
Techno Tips For Directors: Sharing
 Audio & Visual Files W/Your Chorus

5:30-7:30 Dinner On Your Own

7:30-8:45 Camp Chorus Rehearsal

Peggy Gram (Annie Oakley)
 Dale Syverson (Calamity Jane)
 Mary Rhea (Belle Starr)

9:00-10:00 Aha Moments: Art of Possibility
General Assembly

Saturday - June 25, 2011

7:00-8:20 Breakfast
8:30-9:00 Welcome & Announcements
9:00-9:50 Music in the Morn' w/Myst

10:00-10:50 PDI for Directors
 Show Management
 My Baby Loves Me Group Rehearsal
 Finale I for Beginners
 A Fistful of Dollars: Creating a Chorus Chart of Accounts

11:00-Noon PDI For Directors, cont'd
 Show Management, cont'd
 Designing a Visual Plan
 Finale I for beginners, cont'd
 A Fistful of Dollars: Creating a Chart of Accounts, Cont'd

Noon LUNCH

I Plan to gather round the Campfire with the RMT for lunch. (w/o meal plan purchase, cost will be an additional \$7.50)

1:30-2:45 Music Selection Part 2
 Sight Singing
 Designing a Visual Plan, Cont'd
 Finale II (for the more advanced)

3:00-4:15 C/B/A Directors' Level Examples Using Small Choruses
 Section Leader/Asst. Director Training
 Sight Singing, cont'd
 BBS Building Blocks of Performance
 Finale II (for the more advanced), cont'd

4:30-5:30 Living Sound
General Assembly

5:30-7:30 Dinner on your own

7:30 **THE WILD BUNCH – SHOW FINALE**

THE MAGNIFICENT TWENTY-FIVE

Summer Music Camp 2011
 Registration Form
 June 23-26, 2011

Name: _____

Address/City/State/Zip: _____

Phone: _____ Chorus: _____

Roommate: _____ Email Address: _____

All Roommate forms **MUST** be submitted together to ensure proper room assignments. There is **NO GUARANTEE** you will be paired with your designated roommate if forms are submitted separately.

Plan	Lodging	*Meals	Regular Rate	Early Bird Rate
3-Day Camper	Thurs/Fri/Sat	Breakfast & Lunch	\$160	\$145
		No Meals	\$150	\$135
2Days/2Nights	(Circle 2 nights) Thurs / Fri / Sat	Breakfast & Lunch	\$135	\$120
		No Meals	\$125	\$110
1Day/ 1Night	(Circle 1 night) Thurs / Fri / Sat	Breakfast & Lunch	\$110	\$95
		No Meals	\$90	\$75
2Days/ Tuition Only	None	None	\$80	\$70
1Day/ Tuition Only	None	None	\$60	\$50

Early Bird Rate Registration
Deadline: May 20, 2011

Regular Rate Registration
Deadline: June 3, 2011

If postmarked after June 3, 2011, add an additional \$15.00 to total cost.

**Note new LOWER prices. There is no longer a three meals option. You will be on your own for dinner.*

NO REFUNDS AFTER JUNE 10, 2011.
 E-Mail all cancellations to region25smc@yahoo.com .
 You will receive an email response as confirmation of the cancellation was received.

Payment Method: Check # _____ Visa MC Amount \$ _____

Name: _____

Billing Address: _____ Zip Code: _____

Card #: _____ CVV#: _____ Exp: _____

Signature: _____

All credit card charges will have a 5% upcharge applied to the charge amount • **Make checks payable to Region 25**
 To be a registered camper, mail your payment and completed Class Preference Form,
SMC Registration Form, and Medical Release Form to:

Norine Pernilla Cherry • Region 25 SMC Registration • P. O. Box 860135 • Plano, TX 75086-0135

Texas Woman's University
MEDICAL/LIABILITY RELEASE

I hereby and fully release and hold harmless the Texas Woman's University, its officers, regents, employees, and agents from any and all liability resulting from or as a consequence of any illness and/or injury to me/my child which may be suffered during the **Sweet Adelines** event held **June 23-26, 2011**.

Further, I hereby give my consent for **Sweet Adelines** to seek and obtain appropriate emergency medical treatment for me/my child and agree to hold harmless from loss, the Texas Woman's University, its officers, regents, and employees and any such personnel or agents of the treating medical facility whether it be the Texas Woman's University or any other external facility, which may provide emergency medical care.

If my child is the participant and medical treatment is called for, I consent to allow a representative of the **Sweet Adelines** to transport me/my child to the appropriate medical facility for treatment and hereby give my consent to the medical facility to treat me/my child if admitted by a valid representative of the organization.

I understand that I am responsible for payment of all expenses incurred related to my own or my child's medical treatment.

PLEASE PRINT

My medical insurance provider is: _____

Policy # _____

ID/Group # _____

PARTICIPANT:

Name _____

Date of Birth _____

Address _____

Phone # _____

City/State/Zip _____

Information is Required if Participant is Under 18 Years of Age:

Name of Minor _____

Relation to Minor _____

Address _____

City/State/Zip _____

Phone # of Parent or Guardian _____

Signature _____

Date _____