



**MCKENDREE
UNIVERSITY**

2019 McKendree University Summer Choir Camp

July 14-16, 2019

Participant Name: _____

Name of School and Choir Director: _____

Participant Voice Part: Soprano Alto Tenor Bass

Participant Year in School (2018-2019 Year): 9th 10th 11th

T-Shirt Size: XS S M L XL XXL

Participant Home Address (Street, City, State, Zip): _____

Participant Phone #: _____ **Participant E-mail:** _____

Name of Parent/Guardian: _____ **Parent/Guardian Contact Phone:** _____

Parent/Guardian E-mail: _____

Emergency Contact Name & Phone Number #1: _____

Emergency Contact Name & Phone Number #2: _____

The total cost of the camp is \$100 per participant. A \$25 non-refundable deposit must be submitted with the application to secure a spot in the camp. The remaining \$75 is due prior to Monday, July 8, 2019. Make checks payable to McKendree University with "Choir Camp" in the memo line.

Signature of Participant

Date

Signature of Parent/Guardian

Date

Please mail to:
McKendree University
c/o Dr. John McDonald
701 College Road
Lebanon, IL 62254