

2009 SOUTH CAROLINA SIXTH GRADE CHORAL CLINIC REGISTRATION

DATE	LOCATION	CLINICIAN	LOCAL CHAIRPERSON
Mar. 10	Seneca	Deidre Frances	Beth Foster
Mar. 12	Charleston	Paula Wilson	Scott Brunson
Mar. 13	Columbia	Paula Wilson	Veronica Akins

All information must be complete.

*Director _____ Telephone (____) _____

E-mail Address _____

Address _____ City _____ ZIP _____

***DIRECTOR MUST BE A CURRENT MENC MEMBER. PLEASE ATTACH A PHOTOCOPY OF YOUR CURRENT MENC ID CARD. IF YOUR MEMBERSHIP EXPIRES BEFORE THE CLINIC DAY, YOU MUST SEND A COPY OF THE NEW CARD AND FAX VERIFICATION FROM MENC (1-800-336-3768 – MENC MEMBERSHIP SERVICES)**

School _____ Telephone (____) _____

School Address _____ City _____ ZIP _____

Grades in your school _____ Grades of students participating in the clinic _____

Number of students: S _____ A _____ Total _____

Total number of students _____ X \$3.00 (per student) = \$ _____ (Total fee)

Location: First choice _____ Second choice _____

(A second choice must be made, and the school must be prepared to attend 2nd choice. Registrations will be returned if a 2nd choice is not indicated.)

My group will _____ / will not _____ perform for individual comments.

A plaque order has _____ / has not _____ been included.

I AM FULLY AWARE OF ALL REGULATIONS AS SPELLED OUT IN THE HANDBOOK AND AGREE TO ABIDE BY THEM. I UNDERSTAND MY REGISTRATION MUST BE COMPLETE, MEET THE POSTMARK DEADLINE, AND CONTAIN ALL ITEMS NECESSARY FOR PROCESSING TO BE ACCEPTED.

SIGNATURE OF DIRECTOR _____

POSTMARK DEADLINE: JANUARY 23, 2009

Make checks payable to SCMEA Choral Division

MAIL TO: Scott Brunson
1533 Heron Ave.
Mt. Pleasant, SC 29464
Telephone: (843) 881-5732 FAX: (843) 856-4599
Email: Scott_Brunson@charleston.k12.sc.us

The following items MUST be included:

___ Registration form

___ MENC ID

___ Check or money order – 1) must accompany registration 2) NO PURCHASE ORDERS

___ Plaque registration (optional)

(Please photocopy this form.)