

STUDENT-PARENT-TEACHER CONTRACT OF MUTUAL CONSENT

SCHOOL NAME: _____

PRINT STUDENT NAME: _____

GRADE: _____ VOICE PART: _____



SCMEA ALL-STATE CHOIR
Student-Parent-Teacher
Contract of Mutual Consent

2018-2019 ALL-STATE CHOIR
MARCH 7-9, 2019

I, _____ (print student name) have read the All-State Choir Rules and understand that if selected by the All-State judges in the November Audition I will attend 100% of the All-State Weekend March 7-9, 2019 at Winthrop University.

Student Signature

Date

I, _____ (print parent/guardian name) have read the All-State Choir Rules and understand that if selected by the All-State judges in the November Audition my student will attend 100% of the All-State Weekend March 7-9, 2019 at Winthrop University. I understand that all audition and registration fees are non-refundable.

Parent Signature

Date

I, _____ (print teacher name) have read the All-State Choir Rules and understand that if selected by the All-State judges in the November Audition my student will attend 100% of the All-State Weekend March 7-9, 2019 at Winthrop University.

Teacher Signature

Date

PLEASE SIGN AND RETURN THIS FORM FOR EACH STUDENT.

INCLUDE ALL FORMS WITH YOUR HARD COPY REGISTRATION MATERIALS AND MAIL TO:

SCMEA All-State Audition Coordinator

Lizzi Elliott

Andrew Jackson High School

6925 Kershaw Camden Hwy, Kershaw, SC 29067