

New youth
choir division
this year!



Camden County Songfest for Children and Youth Singers

Location: Haddonfield High School
401 E. Kings Hwy, Haddonfield, NJ

Date: Saturday, March 28, 2009

Time: 8:30am check-in for children (gr. 3-5)
10:00am check-in for youth (gr. 6-9)

Free Concert at 3pm for friends and family

What will we learn?
American jazz, gospel, and traditional songs!!

- Requirements:**
- New Jersey singers in grades 3-9 (changed and unchanged voices) who can match pitch and love to sing
 - Singers do not need to know how to read music to participate. We'll teach them the basics of music reading and part-singing in one fun-filled day of music-making!

Cost: \$15 per singer
Includes souvenir t-shirt for student, lunch, use of music and instruction. A teacher or chaperone **must** accompany each group of singers or individuals who register without a teacher. Teachers/chaperones receive free lunch and music.

***Deadline for registration is Wed, March 11!**

We encourage early registration for this popular program. Once we're at capacity, we need to close registration. Teachers: please limit participation to ten singers per school maximum. Singers must be accompanied by a teacher or responsible adult chaperone!
We will email confirmation of registration by March 21.

**CONTACT CHILDRENSONG
OF NJ!**

Voicemail:
856-216-1140

Email:
info@childrensong.org

Mail Registration to:
PO Box 134
Haddonfield, NJ 08033

On-line Registration:
www.childrensong.org

Funding for this festival has been made possible in part by the Camden County Cultural and Heritage Commission through the New Jersey Council on the Arts, Department of State, a partner agency of the National Endowment for the Arts.

PROFESSIONAL
DEVELOPMENT
CREDIT AVAILABLE
FOR TEACHERS!

ChildrenSong of New Jersey SongFest Registration Form

SINGER'S NAME: _____ GRADE: _____ DIVISION: Children (gr. 3-5) / Youth (gr. 6-9)

Indicate Youth Choir Voice Parts Only: S A B

PARENT(S) NAMES: _____ EMAIL: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____ PHONE: _____

SCHOOL NAME _____ TEACHER NAME/EMAIL: _____

EMERGENCY CONTACT NAME/ NUMBER: _____ T-SHIRT SIZE: CHILD / ADULT S / M / L / XL

ANY MEDICAL CONDITIONS/FOOD ALLERGIES WE NEED TO KNOW ABOUT? _____

CHAPERONE NAME AND EMAIL IF DIFFERENT FROM TEACHER: _____