



# Camden County Children's SongFest

**Date:** Saturday, April 12, 2008

**Location:** Haddonfield High School  
(401 E. Kings Hwy, Haddonfield)

**Time:** 8:30-8:45am Check-in  
Free Concert at 3pm for friends and family

**Requirement:** New Jersey Singers aged 9-13, 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)

**What will we learn?**  
International songs and dances!  
Come join the fun!

**Registration Deadline:** Tuesday, April 1st\*

**\*Deadline for registration is Tues, April 1.**  
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 and singers must be accompanied by a teacher or responsible adult chaperone! **We will email confirmation of registration by 4/7.**

## CONTACT CHILDRENSONG OF NJ!

**Voicemail:**  
856-216-1140

**Email:**  
[info@childrensong.org](mailto:info@childrensong.org)

**Mail Registration to:**  
PO Box 134  
Haddonfield, NJ 08033

**On-line Registration:**  
[www.childrensong.org](http://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!

## ChildrenSong of NJ SongFest Registration Form

SINGER'S NAME: \_\_\_\_\_ PARENT NAMES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_ SCHOOL NAME \_\_\_\_\_

TEACHER NAME AND EMAIL CONTACT: \_\_\_\_\_

EMERGENCY CONTACT NAME/ NUMBER: \_\_\_\_\_ T-SHIRT SIZE: CHILD ADULT S M L

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

CHAPERONE NAME AND EMAIL IF DIFFERENT FROM TEACHER: \_\_\_\_\_