



Carthage

ANNUAL LAKESIDE CHORAL FESTIVAL

REGISTRATION

FAX OR EMAIL COMPLETED FORM BY OCT. 30, 2009

262-551-5868 or choirs@carthage.edu

School: _____

Choir Teacher: _____

Choir: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Number of Singers: _____ Number of Adults: _____

Time preference: *(please indicate first, second, & third choices from the times below)*

Thursday, Nov. 12

Friday, Nov. 13

8:00 a.m.: _____

8:00 a.m.: _____

8:50 a.m.: _____

8:50 a.m.: _____

9:40 a.m.: _____

9:40 a.m.: _____

10:30 a.m.: _____

10:30 a.m.: _____

11:20 a.m.: _____

11:20 a.m.: _____

1:10 p.m.: _____

1:10 p.m.: _____

2:00 p.m.: _____

2:00 p.m.: _____

Optional Activities: *(please check all that apply)*

Choir will sing at informal noontime Concert: _____

Choir and adults will eat in College Dining Hall: _____

Registration Fee:

With lunch: \$4.00 (cost per student) x Number of Students \$ _____

Without lunch: \$2.00 (cost per student) x Number of Students \$ _____

Chaperone/Adult lunch: One free lunch for every 20 students

Additional lunches: \$2.00 per adult \$ _____

Total \$ _____

Campus Tour: *(please indicate time preference)*

Before Session _____

After Session _____

No Preference _____

Space for your comments:

Please **make checks payable to Carthage College** and either send postmarked by October 30 or bring it with you to the Festival. Mail checks to Carthage Lakeside Choral Festival, Attn: Peter Dennee, 2001 Alford Park Dr., Kenosha, WI 53140.