



Sponsored by CCCC



SUMMER SING!

The 15th Annual
Choir Day-Camp
for Singers Ages 8 - 14



Schedule:
August 10-14

*August 10-13:
9:00 a.m. - 12:30 p.m.

*August 14:
9:00 a.m. - 2:15 p.m.
Includes Sharing Concert

SUMMER of 2015

SING, SING, SING! A JOYOUS MUSICAL EXPERIENCE!

Does your child like to sing?
THIS is the summer camp
experience to attend!
Your child will have the
opportunity to sing together
with experienced, JOYFUL
singers of his/her own age.

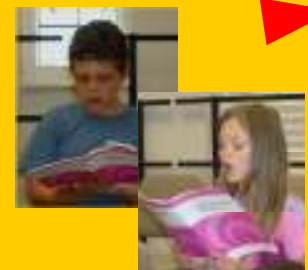
Sponsored by the
Central Carolina
Children's Chorus,
"Summer Sing" is designed
to provide a FUN musical
experience for children & youth.

We have lots of experience—
this summer we're celebrating
our 15th year of summer-singing
fun!

A diverse and full repertoire
of music is learned throughout
the course of the week as we
discover together 'the crea-
tive artistry of choral music.'

— *Anne M. Saxon,*
Artistic Director

Camp Highlights!



Group
Vocal
Instruction

Handbells
& Handchimes



Dalcroze -
Rhythm &
Creative
Movement



Creative
Expressions

Guest
Musicians



*Sharing Concert

Day-Camp FACULTY



Anne Saxon
Artistic
Director



Karen Strausser
Handbells &
Handchimes



Suzanne Saxon
Dalcroze-
Rhythm &
Movement



Creative Expressions



Ages
8-14



REGISTRATION INFO

Tuition:
\$95 per person

Please submit this completed form and check, made out to **CCCC**

Send to:
4105 Sewanee Drive,
Winston-Salem, NC
27106

Registration deadline is July 15, 2015.

-No refunds after July 15th.

CONTACT INFO:
922-4073, or
CCCCSing@aol.com



Registration Form

Please PRINT all information

Full Name of Child

Street or P.O. Box

City & Zip Code

Home Phone Number

Cell Phone Number

Age/Grade Completed by June ____ / ____

(Child needs ability to focus for long periods of time)

(Name of Parents/Guardians)

(e-mail address—required)

Price also includes Camp T-Shirt—
→ Circle **ONE** size:

CM CL AS AM AL

AXL A1X A2X

PHOTO RELEASE FORM:

CCCC will take photographs during the camp for archival and publicity purposes. These pictures may be used on the website, newsletters and other CCCC print materials. CCCC has permission to use photographs taken during the camp on their website, newsletters and other mailings without any other express written consent.

Signature of Parent/Guardian

Date

Medical Information

- ◆ Date of last tetanus immunization, if applicable _____
- ◆ List any medications taken on an ongoing basis. Use a separate sheet of paper if needed.

- ◆ List any physical conditions/special needs of which we should be made aware (including ADD, ADHD, and/or medicine/food allergies):

- ◆ **Emergency Contact**
Name, Relationship to child, & Phone Number:

- ◆ I hereby authorize any medical treatment which may be advised or recommended by the attending physician of:

(Name of Singer)

(Parent/Guardian Signature)

- *Name and Phone Number of Medical Doctor:

- ◆ Family Health Insurance Policy # and Co. Name:

Please Detach Completed Form and Mail with Check →