

NORTHWEST IOWA CHORAL DIRECTOR'S ASSOCIATION

Jr.High/middle school choral clinic

Wednesday, February 17, 2009

Hosted by Westwood Community School

Name of School _____

Director's Name _____

School Complete Address _____

Director's Email Address _____

Director's Phone School & Cell _____ School

_____ Cell

What choir will you be bringing _____

Number of Students in choir _____

Grades involved in this choir _____

Cost for this event (check one) \$40 for all ICDA members _____

\$50 for all non ICDA members _____

Each group will have a 25-30 minute time slot with the clinician. What is your preferred time of performance? Please check one of the following:

_____ Between 9-11

_____ Between 11-1

_____ Between 1-3

What is the EARLIEST TIME YOU COULD ARRIVE _____

What is the LATEST YOU COULD LEAVE _____

Please send payment and registration to: **Westwood High School**
% Tom Gerking-Host
1000 Rebel Way
Sloan, IA 51055

Checks made payable to: ICDA