Dear Youth All-State Choir Member,

Congratulations on being selected as a member of the Louisiana Youth All-State Choir!

Your recording was chosen by a panel of judges to be one of the best from the recordings submitted by middle and high school students throughout the state of Louisiana. Please read the information in this letter and the following pages carefully. The deadline for returning the registration forms and fees is October 4, 2019 (postmark). Please include payment (check payable to your school.) Your teacher will register all their students online and submit payment via check. Please make sure your director has your medical/information release form before October 3. Completed registration forms and fees must be postmarked by October 4th. Students who return forms and fees after this date will not be eligible to participate in the All State Choir. Please be early or on time.

It is indeed an honor to be selected for this prestigious choir. This honor comes with tremendous responsibility.

- to complete the registration forms included in this package and return them with payment to your teacher in advance of the October 12th mailing deadline
- to learn the music included with this package before you arrive in New Orleans on November 7th.

It is the hope of the Louisiana Choral Directors Association that our Youth All-State Choir will establish and maintain a standard of excellence equal to the best All-State Choirs in the country. In order for this to be possible, it is absolutely imperative that you prepare your music thoroughly in advance. This means that pitches and rhythms of all pieces on the concert program must be learned before you arrive in New Orleans, so that our distinguished clinician can work with you on the “fun” part of preparing for performance…musicianship.

On the first night of the All-State clinic there will be a note check. All singers will be asked to sing random selections of all the concert pieces for a panel of middle and high school teachers. **Students who fail to perform satisfactorily on the note check will not be allowed to participate in the All-State clinic. Their parents will be asked to bring them home and they will forfeit the full tuition.** It is important that you, your teachers, and your parents understand this before you arrive in New Orleans. If you put forth an honest effort to learn your music thoroughly in advance, there is no reason to worry about the note check. You have already proven yourself as a capable singer on your audition recording…now all you have to do is get to work and do what you already know how to do…learn the music!

The All-State clinic dates and schedule are detailed on a separate sheet. All activities on Thursday and Friday take place in the Hilton New Orleans Riverside Hotel. **Please note that singers are to be with their chaperones whenever they are not in rehearsal. Please do not allow the children to roam around the hotel unattended. Punctuality at all rehearsals is vitally important.**

**Please note that all-State fees are not refundable for any reason.** If selected, singers must take their honor choir commitment very seriously and are expected to follow through.
You will have the option of purchasing an All-State t-shirt:

**T-Shirts- $15.00.** *T-SHIRTS MAY ONLY BE PURCHASED IN ADVANCE. IF IN DOUBT ABOUT SIZE ORDER LARGER. Those who fail to specify a size will be given size Large. There will not be extra t-shirts to exchange.*

**You will need to bring the following items:**

- Casual clothes for rehearsal
- Toilet articles (shampoo, etc.)
- Sleepwear
- Dress clothes for the concert:
  - Girls: dresses or skirts and blouses; socks or stockings
  - Boys: dress shirt and tie; nice pants (no jeans)
    - *Please, no athletic shoes worn at the concert.*
- Your music (including the audition piece) in a folder;
- **NUMBER ALL MEASURES**
- A pencil to be used at rehearsals (bring two to be safe!)

The Youth All-State Choir is going to be a wonderful experience for all of you. Good luck in the preparation during the next few weeks- get your medical/information form back to your teacher in- on time- and we'll see you in New Orleans at 5:00 PM on Thursday, November 7th. Please note that we WILL NOT begin registration before 5 PM, so we ask that you PLEASE do not line up early. There is plenty of time for everyone to be accommodated once we begin at 5 PM. This note-check is a closed rehearsal, which is open only to the singers and the teachers who are working with them. All of the other rehearsals are open rehearsals.

Sincerely,

Ashley Lemmler, Youth All-State Chairperson

Trey Miller, Assistant Youth All-State Chairperson
I grant permission for my student’s name, school affiliation, and limited identifying information to be used by the Louisiana American Choral Directors’ Association for concert programs, ensemble T-shirt, and scheduling lists.

Please **DO NOT** allow my student’s name, school affiliation, and limited identifying information to be used by the Louisiana American Choral Directors’ Association. I understand that this will prohibit my student from being eligible to participate in the All-State honor ensembles.

Please type or print legibly, so your name will not be misspelled in the concert program. Fill in all the blanks.

Student’s Name: ____________________________

LAST  FIRST

Mailing Address: __________________________________________ City __________________ Zip ___________

Parent/Guardian Email Address: _______________________________________________________________

Parent/Guardian Cell Phone: (______) __________ — ______________

Sponsoring School/Organization: _____________________________________________________________

Grade _______ Age _________ Height _________ Gender _________

☐ The above-mentioned student has no physical problems that require special attention during the All-State activity.

☐ The above-mentioned student has the following health problem(s) that might require special attention during the All-State honor activities.

I hereby give permission for emergency treatment for my child by qualified members of the medical profession, if such treatment should be necessary.

Will the above signed parent/guardian be the accompanying chaperone for the honor choir singer? ☐ Yes ☐ No

If different than above please list:

Chaperone Name Printed: ______________________________ Chaperone Cell Phone: (______) _________ — __________

I grant permission for my student’s name, school affiliation, and limited identifying information to be used by the Louisiana American Choral Directors’ Association for concert programs, ensemble T-shirt, and scheduling lists.

Please **DO NOT** allow my student’s name, school affiliation, and limited identifying information to be used by the Louisiana American Choral Directors’ Association. I understand that this will prohibit my student from being eligible to participate in the All-State honor ensembles.

The student whose name is listed above accepts the invitation to participate in the Louisiana Youth MIXED All-State Choir on November 7-9, 2019 in New Orleans. All who sign below understand that any student who is judged by a panel of choral teachers at the note check to be unprepared with his/her part on the concert music will be sent home at his/her parents’ expense, and will forfeit All-State tuition. Strict attention is expected in rehearsals at all times.

☑ I hereby give permission for emergency treatment for my child by qualified members of the medical profession, if such treatment should be necessary.

☐ The above-mentioned student has no physical problems that require special attention during the All-State activity.

☐ The above-mentioned student has the following health problem(s) that might require special attention during the All-State honor activities.

☐ Will the above signed parent/guardian be the accompanying chaperone for the honor choir singer? ☐ Yes ☐ No

If different than above please list:

Chaperone Name Printed: ______________________________ Chaperone Cell Phone: (______) _________ — __________

☐ I grant permission for my student’s name, school affiliation, and limited identifying information to be used by the Louisiana American Choral Directors’ Association for concert programs, ensemble T-shirt, and scheduling lists.

☐ Please **DO NOT** allow my student’s name, school affiliation, and limited identifying information to be used by the Louisiana American Choral Directors’ Association. I understand that this will prohibit my student from being eligible to participate in the All-State honor ensembles.

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☐ The above-mentioned student has the following health problem(s) that might require special attention during the All-State honor activities.

☐ Will the above signed parent/guardian be the accompanying chaperone for the honor choir singer? ☐ Yes ☐ No

If different than above please list:

Chaperone Name Printed: ______________________________ Chaperone Cell Phone: (______) _________ — __________

☐ I grant permission for my student’s name, school affiliation, and limited identifying information to be used by the Louisiana American Choral Directors’ Association for concert programs, ensemble T-shirt, and scheduling lists.

☐ Please **DO NOT** allow my student’s name, school affiliation, and limited identifying information to be used by the Louisiana American Choral Directors’ Association. I understand that this will prohibit my student from being eligible to participate in the All-State honor ensembles.

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☐ Will the above signed parent/guardian be the accompanying chaperone for the honor choir singer? ☐ Yes ☐ No

If different than above please list:

Chaperone Name Printed: ______________________________ Chaperone Cell Phone: (______) _________ — __________

☐ I grant permission for my student’s name, school affiliation, and limited identifying information to be used by the Louisiana American Choral Directors’ Association for concert programs, ensemble T-shirt, and scheduling lists.

☐ Please **DO NOT** allow my student’s name, school affiliation, and limited identifying information to be used by the Louisiana American Choral Directors’ Association. I understand that this will prohibit my student from being eligible to participate in the All-State honor ensembles.

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