

**IOWA CHORAL DIRECTOR'S ASSOCIATION, INC.
MIDDLE SCHOOL CHORAL CLINIC
NORTHWEST DISTRICT**

LEMARS SITE

Wednesday, February 27, 2008

Host: Nancy Ewing

newing@lemars.k12.ia.us

712-546-7022

LeMars Community Middle School

977 Third Ave SW

LeMars, IA 51031

ENTRY DEADLINE: January 16, 2008

Fill out the form below and send your registration AND check to the listed clinic host. Please mail your payment with your registration form. Time slots will be filled with PAID registrations only. A Limited number of clinic times are available. Be sure to contact your host early.

Name of Participating School _____

Name of Director _____

School Address _____

School Phone _____ **E-mail** _____

Group #1 _____ **# of students** _____

Group #2 _____ **# of students** _____

Performance Time Preference (circle one) **AM** **PM**

ICDA Member (\$40.00 per group)

*Maximum of two groups.....*number of groups _____ \$ _____

Non - ICDA Member (\$50.00 per group)

*Maximum of two groups.....*number of groups _____ \$ _____

I have enclosed a check for \$ _____

Please make checks payable to: Iowa Choral Director's Association, Inc.

Mail to: Nancy Ewing, vocal director
LeMars Community Middle School
977 Third Ave SW
LeMars, IA 51031