![C:\Users\Tammy\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\LLQ6FGMJ\music-notes[1].jpg]() **Children’s Choir Camp 2025**

 **Second Baptist Church**

**June 2 – June 5, 2025**

Second Baptist Church of Cherryville would like to invite you to our seventh annual Children’s Choir Camp. We are excited to welcome back Pam Andrews as our Clinician. Pam is a Grammy Nominated International Children’s music composer from Hendersonville, Tennessee.

Camp Date: ***June 2– June 5***

Place: Second Baptist Church, Cherryville

Camp Cost: Early registration cost is $50.00 (additional siblings $25.00)

 if paid by May 31.

 If paid June 1 thru June 2 the price increases to $75.00/$35.00

Camp Ages: Ages 4 years old thru completion of 12th grade.

Choir Camp hours are 9:00am – 3:00pm, Monday – Thursday.

*Daily registration begins at 8:30am in the Fellowship Hall.*

Children may be picked up at 3:00pm on the Wellington Street side of the church.

**Performance is Thursday June 5th at 7:00pm.**

Children should bring a bagged lunch and drink daily, please put their name on the bag and their drink. SBC will not be responsible for bags/totes that do not have the child’s name on it.

Snacks will be provided daily.

Please complete a registration form for each child and mail or bring the application along with your payment to:

Second Baptist Church

*Attention: Choir Camp*

201 North Houser Street

Cherryville, NC 28021

[www.secondbaptistcherryville.com](http://www.secondbaptistcherryville.com)

Cash or Checks accepted. Please make checks out to Second Baptist Church.

*Please note: Once your registration has been received and paid, the money is non- refundable.*

If you have any questions please contact

Tammy Kiser: Second Baptist Church (704) 435-9657 or (704) 747-4091

Crystal Stewart: Second Baptist Church (704) 435-9657 or (704) 692-0510

***Auditions for drama or solo parts is Sunday, March 30th at 2:00pm at Second Baptist Church***

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 For administration use only:

Paid By:

 Check # \_\_\_\_\_\_\_\_\_\_

 Cash

Amount Paid $\_\_\_\_\_\_\_\_\_\_

Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_

Audition # \_\_\_\_\_\_\_\_\_\_\_\_\_

 (If auditioning)

Solo Drama Both

June 2 - 5

Pam Andrews, Clinician

 *(pamandrewsmusic.com)*

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Please list any medical conditions or allergies (including food allergies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency who is to be contacted: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TERMS AND CONDITIONS**

I understand that my child may participate in the physical activities of the Children’s Choir Camp. As with any physical activity, there is always risk of injury. I fully accept this risk and hold harmless from any legal liability, Second Baptist Church, Cherryville and any volunteer or staff in the Choir Camp.

In the event of an emergency that requires medical treatment for the above named child, I understand every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to Second Baptist Church, Cherryville to secure the services of a licensed physician to provide the care necessary for my child’s wellbeing. I assume responsibility for all costs connected to any accident or treatment of my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Insurance Company Insurance Group Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date Signed

SMALL GROUP REGISTRATION

**Please indicate the child’s 1st, 2nd and 3rd choice for a small group class.**

(*We will make every effort to grant 1st choice based on class size and availability.*

***(No changes will be made once arriving at camp.)***

\_\_\_\_\_ Boom-Whackers (Rhythm for younger) \_\_\_\_\_\_ Drama (auditions required)

\_\_\_\_\_ Orff (Rhythm Instruments) \_\_\_\_\_\_ Soloist (auditions required)

\_\_\_\_\_\_ Dance (must wear tennis shoes) \_\_\_\_\_\_ Sign Language

\_\_\_\_\_ Hand Bells

**Drama and Soloists are selected by audition.** If drama or solo is your child’s first choice,

 they may be placed in their second choice for the week and pulled out when needed for their part. So please check a second and third choice.

Auditions for Drama and Soloists will be held at:

**Second Baptist Church**

**201 North Houser Street**

**Cherryville, NC 28021**

**March 30 at 2:00pm**

**Tee-Shirt Order**

Please circle your child’s shirt size for a Choir Camp T-Shirt.

Youth: XS S M L XL

 (2-4) (6-8) (10-12) (14-16) (18-20)

Adult: S M L XL 1X 2X 3X 4X

The SBC Children’s Choir Camp will be videoed; we may also take pictures of the children in

Choir Camp to share on our Church website as well as social media. Please sign below to give

Second Baptist Church and/or participating Church’s permission for your child to be photographed

or videoed and his/her pictures published on our websites and social media, or on Pam Andrews website.

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be photographed or videoed and their pictures published or shared as stated above.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Legal Guardian Date