**Summer Workshop Camp 2019**

 **Dates : Friday 8th February – Sunday 10th February 2019**

 **Venue : Peter Snell Youth Village, 1212 Whangaparaoa Rd, Whangaparaoa**

 **Leave from : Countdown Greenlane Carpark (outside McDonalds), Friday, 3.30pm**

 **Pickup from : Peter Snell Youth Village (psyv.org.nz), Sunday, 2.00pm**

 **Fees : $175 per Chorister** (includes all meals, the use of facilities and workshops)

This year’s mandatory summer workshop is a very important part of the choir’s 2018 programme.

It is a time when the choir learns much of the year’s repertoire, and girls bond into a good working group. We are now maintaining a group of around 40 choristers, many of whom are established members of the choir and ready for public performances of some significance. All girls must attend camp with only unavoidable and exceptional absences (e.g. if a family is on an overseas trip) an acceptable excuse.

The camp also provides the girls with plenty of opportunity to socialise and get to know one another.

All meals are catered and we look forward to some parents helping out for the duration of the camp (i.e. spending the two nights at camp) or being able to help out with supervision at recreational times so that key AGC personnel can take a break. The camp is a great opportunity for recreation, relaxation and for parents and girls, alike, to get to know each other better.

Please fill in and return (scan and email) the form below to: **agcinfo@akgirlschoir.co.nz**

**CHORISTER DETAILS**

|  |  |
| --- | --- |
| **Name** | **Age** |
| **Address** |  |
|  |  |
| **Phone Number:**  |  | **Emergency Number:** |  |

**PARENT HELP (If you can help during Camp, please indicate your availability on Saturday or for the whole duration)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phone Number** | **Emergency Number** | **(Circle one)****S = Saturday** **D = Duration of Camp** |
|  |  |  | **S / D** |
|  |  |  | **S / D** |

*I give consent for my daughter to attend the Summer Workshop Camp on the dates and at the venue specified above.*

**SIGNATURE DATE**

|  |  |
| --- | --- |
| FATHER / CAREGIVER | MOTHER / CAREGIVER |
| Print Name | Print Name |

**[Please fill in and sign the reverse side of this form]**

**PLEASE RETURN PAYMENT WITH THIS SIGNED FORM ASAP**

**MEDICAL DETAILS: (Please note any medical matters, medication/dosage etc)**

**ALLERGIES: (Please list any allergies that your daughter may have)**

**FOOD PREFERENCE (e.g. Vegetarian)**

**I AUTHORISE AUCKLAND GIRLS’ CHOIR TO:**

* **ORGANISE/PROVIDE ANY EMERGENCY PROCEDURES MY DAUGHTER MAY REQUIRE**
* **ADMINISTER DECLARED MEDICATION AS PER PRESCRIPTION**
* **ENCOURAGE AND ALLOW MY DAUGHTER TO TAKE PART IN ALL ACTIVITIES**

**Parent/Guardian…………………………….........................................………………………………Date……………………….................**

**PROGRAMME:**

* **Girls arrive at Countdown Greenlane Carpark (by McDonalds): by 3:30p.m. Friday, 8th Feb, 2019**
* **Girls to be collected from Chosen Valley Camp: by 2.00 p.m. Sunday 10th Feb, 2019**

**…………………………………………………………………………………….. will be collecting our daughter (if other than parents).**

**Their contact phone number is …………………………………………………………………….**

*Girls will be required to bring casual clothing, swimsuits and sports gear, sleeping bags and/or sheets blankets etc. detailed list of requirements will be issued with this form or shortly thereafter.*