



Chaperone Registration

Name _____

Address _____

City/State/Zip _____

Phone _____ Cell _____

Email _____

***Background check must be submitted to the District Office prior to Singspiration.**

As chaperone, you will be responsible to make sure your students are in the tabernacle at the beginning of each rehearsal and to be with them in the dorm at curfew time.

Your meals and lodging are free to you as a thank you for your help.

Students You Will Chaperone

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Mail this form no later than August 2nd.

Sue Gibbs 58 Terra Rosa Drive Washington, WV 26181