

11TH ANNUAL

LONGHORN HONOR CHOIR

THE UNIVERSITY OF TEXAS AT AUSTIN

Saturday • September 23, 2017

TMEA All-State Choir Music

Concert program will be taken from the following

Gloria, Francis Poulenc

I Am Loved, Christopher Harris

Signs of Judgment, Mark Butler

To Thee, Cherubim and Seraphim, G. F. Handel/Favazza

CONDUCTORS • DR. JAMES MORROW, DR. SUZANNE PENCE

TEACHER'S ROLE:

- Promote to your entire choir or specific singers you wish to participate (no limit on number or voice part)
- Collect each student's contact and release forms
Student Information Form / UT Performer Release of Photographs/Images Form / UT Release and Indemnification Agreement
- Register your students by faxing or scanning and e-mailing all forms (specifics in information section)
- NO requirement to attend, but you are invited and welcome

STUDENT'S ROLE:

- Pay student fee
- Travel to and from UT
- Bring packet of TMEA All-State Music / Once made available; students or teachers may purchase TMEA All-State Choir music packet from JW Pepper.

ABOUT THE LONGHORN HONOR CHOIR

- MASS CHOIR PERFORMANCE:** Each high school in Texas is invited to send motivated singers to rehearse and perform this year's TMEA All-State Choir repertoire alongside members of the UT Concert Chorale. Saturday morning sectionals will be led by leading area high school directors. The mass choir will work under the direction of Dr. James Morrow, UT Director of Choral Activities; and Dr. Suzanne Pence, UT Choral Music Education. Rehearsals on Saturday morning will culminate in a free public concert in Bates Recital Hall at the UT School of Music on Saturday evening.

SCHEDULE

Saturday, September 23, 2017

8:00-9:15a	Registration
9:15a	Warm Up & Section Rehearsals
11:00a	Mass Choir Rehearsal
Noon	Lunch provided
1:00p	Section Rehearsals including Sight Reading Strategies
3:00p	Mass Choir Rehearsal
4:30p	Break and dress for concert
5:00p	Concert in Bates Recital Hall

INFORMATION

- Student Fee:*
 - o \$50 per student for registrations received on or before **Friday, September 15**
 - o \$65 for registrations received the day of the event or after **Friday, September 15**.
- Registration:* Teachers fax (512-471-7836) or e-mail (texaschoralmusic@gmail.com) registration form(s) to BSOM.
- Music:* Scores should be borrowed from your high school or purchased in advance. Once made available; students or teachers may purchase TMEA All-State Choir music packet from JW Pepper.
- Rehearsal Attire:* Casual "camp style"
- Concert Attire:* Blue jeans and Honor Choir T-shirt (T-shirt provided at event)
- Contact:* Dr. Suzanne Pence UT Ensembles Office: (512) 471-0851 or texaschoralmusic@gmail.com

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SCHOOL REGISTRATION FORM

STEP 1: Teachers select motivated singers. (No limit on number or voice part – Send in as many registration forms as necessary)

SCHOOL	_____	Phone	_____
DIRECTOR	_____	E-mail	_____
VOICE PART	NAME	YEAR IN SCHOOL	
_____	_____	9	10 11 12
_____	_____	9	10 11 12
_____	_____	9	10 11 12
_____	_____	9	10 11 12
_____	_____	9	10 11 12
_____	_____	9	10 11 12
_____	_____	9	10 11 12
_____	_____	9	10 11 12
_____	_____	9	10 11 12
_____	_____	9	10 11 12

STEP 2: Determine total fees due:

- \$50 for registrations sent on or before Friday Sept. 15 / \$65 for registrations sent after Friday Sept. 15
- NOTE: *Walk-up registrations/payments the day of the event WILL be accepted.*

STEP 3: FAX this form to 512-471-7836 OR SCAN and e-mail to texaschoralmusic@gmail.com.

STEP 4: MAIL a check payable to UT Butler School of Music to:

UT Choirs
Butler School of Music
The University of Texas at Austin
1 University Station E3100
Austin, TX 78712

QUESTIONS? Email us at texaschoralmusic@gmail.com or call 512-471-0851.

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STUDENT INFORMATION FORM

To be completed by Parent/Guardian

Student's Name

Last

First

Middle

2017–2018 Grade Level: 9 10 11 12

T-shirt Size: S / M / L / XL / XXL / XXXL

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____

Student E-mail Address _____

Date of Birth ____ - ____ - ____

Guardian Name _____ Phone () _____

Last

First

Guardian Name _____ Phone () _____

Last

First

Guardian Signature _____ Date _____

Each participating student should turn in:

1. Student Information Form
2. UT Performer Release of Photographs/Images Form
3. UT Release and Indemnification Agreement

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THE UNIVERSITY OF TEXAS AT AUSTIN

PHOTO & VIDEO RELEASE FORM

1. To promote the School of Music and to offer professional quality recordings and/or images of our events to a wider audience, I grant without fee to the School of Music, The University of Texas at Austin, permission to perform, broadcast, publish, and/or display recordings, photographs and/or images of my performances in any non-commercial medium.

Name: _____

Ensemble: Longhorn Honor Choir

Date: September 23, 2017

2. The release of any recordings and/or images shall be at the discretion of the Director of the School of Music.

Name and Address:

Signature

Date

THE UNIVERSITY OF TEXAS AT AUSTIN

UNIVERSITY SPONSORED EVENT

LONGHORN HONOR CHOIR

BUTLER SCHOOL OF MUSIC

RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: (Name and Address)

INSTITUTION:

The University of Texas at Austin

DESCRIPTION OF ACTIVITY: *Longhorn Honor Choir Day*

PLEASE IDENTIFY EVENT DATES: *September 23, 2017*

LOCATION: *Butler School of Music*

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

In consideration of Participant being permitted to participate in the Activity and to use the program's facilities and equipment, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation. I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION

FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of parent/guardian:

Address (if different than Participant's)

Date Signed

Signature of Witness (anyone over 18)
