**The following response/information form MUST be filled out and**

**emailed back to Elizabeth Knight absolutely no later than**

**Friday, April 28.**

Email to elizabeth\_knight@ymail.com

If you have any questions about this, contact Mrs. Elizabeth Knight

at 601-331-2255.

**Response Form**

**2023 Mississippi Baptist All-State Youth Choir & Orchestra**

*(Please read carefully and sign in all appropriate places.)*

**Email this form to Elizabeth Knight to be received no later than Friday, April 28.**

Return to: elizabeth\_knight@ymail.com

If you have questions: Call Mrs. Elizabeth at 601-331-2255

*Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Male Female*

*Cell phone number that will be used while at WCU and on tour \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Commitment**

*I have carefully read, understand, and agree to abide by all of the guidelines specified in the MBASYC&O packet of information. I also understand and agree …*

* *The instructions of the director and counselors are to be respected and obeyed at all times.*
* *Our conduct must be above reproach at all times, remembering that we represent not only our families, home churches, and the Mississippi Baptist Convention Board, but the kingdom of God!*
* *Any infringement of proper attitude or conduct may result in the offender being sent home at the family’s expense.*

Print Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Support Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parental/Guardian Approval Required**

1. I understand that I am responsible monetarily for any damages that my student may be responsible for in the dorm or the buildings of William Carey University.

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. As the Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby expressly grant the Mississippi Baptist Convention Board (MBCB) and its employees, agents, and assigns permission to photograph the above minor and use photographs, motion picture, audio or video tapes of which the minor is a part in MBCB promotional media and further acknowledge that his/her participation is voluntary for which they will receive no compensation. I hereby release any claims of ownership of said items and release MBCB and its representatives from liability for any claims made by me or any third party in connection with the above. I also agree that they will not participate in any other television or radio production, such as gaming or other type commercials, in which their image or use might reflect negatively towards the Mississippi Baptist Convention Board. I understand students will not be identified by name on any such materials.

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/City/State/Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(*continued on next page)***

**2023 Mississippi Baptist All-State Youth Choir & Orchestra**

**Email this form to Elizabeth Knight to be received no later than Friday, April 28.**

Return to: elizabeth\_knight@ymail.com

If you have questions: Call Mrs. Elizabeth at 601-331-2255

*Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Travel Information**

I will be returning home following the Home Concert, Monday, June 19, with

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If for some reason this person is not present at the close of the concert, contact

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Roommate Choice**

Consult with your roommate choice before sending this form. Persons wanting to room with each other MUST agree and list each other. If forms are not received from each student requesting the other by April 28, another available roommate will be assigned. Roommate changes will not be made at rehearsal camp or after April 28. This process is entirely the responsibility of the student.

Roommate Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Housing Needs**

Special housing needs will be shared with churches whose members are opening their homes to us. Please think carefully about any special considerations that you request of your overnight hosts. We want to be as gracious and easy to host as possible. Please report only allergies that have very serious consequences, such as a trip to the emergency room. Please indicate any special needs that your hosts should know about before agreeing to host you in their home.

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Tour Housing Information**

If you plan to stay with friends or family who live close to any of our concert locations, please provide the information below. If your roommate is invited to stay in the same home, they must indicate those intentions and parental approval on their Housing Information. Please make these arrangements with your roommate.

Concert Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Host Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Their relationship to choir member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information will be provided to the host churches in order to aid them in making the arrangements to house the choir.

Patent’s Signature Indicating Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please use back of this page if additional space is needed for any of the above areas.)