

# 2009 NEXTDIRECTION APPLICATION

**PRIORITY POSTMARK DEADLINE: MAY 15 2009**

NOTE: Applications postmarked after May 15 will be accepted on a space-available basis; Conference Fee will be \$225.00.

**PLEASE PRINT CLEARLY...ESPECIALLY EMAIL ADDRESSES!**

Name of Student \_\_\_\_\_

Year of Graduation: 20\_\_\_\_  Male  Female

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Student's E-mail \_\_\_\_\_ (S-M-L-XL-XXL-XXXL)

Name of Parent or Guardian \_\_\_\_\_

(Address, City/State/Zip, and Home Phone, if different from above:)

\_\_\_\_\_

Voice (circle one): S1 S2 A1 A2 T1 T2 B1 B2

High School Choir Director \_\_\_\_\_

Name of High School \_\_\_\_\_

School Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

School E-mail \_\_\_\_\_

**SIGNATURE OF HIGH SCHOOL CHORAL DIRECTOR REQUIRED!**

I, \_\_\_\_\_, recommend that this student be accepted into the NextDirection Conference.

**(OPTIONAL)** Name of Adult (Parent, Choir Director, etc.) who is interested in attending: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Housing, meals and observation of sessions available for a \$200.00 Fee for the entire conference. Please send payment with this application.

**Send this completed application with a check or money order, made payable to WCDA, for the \$15 non-refundable Application Fee. to: Jason Brinker  
2102 Green Valley Dr., Janesville, WI 53546**

NOTIFICATION OF ACCEPTANCE SHOULD BE SENT TO: (CHECK ONE)

- Student's E-mail Address (preferred, to save mailing costs)
- Student's Postal Mail Address, as listed above.
- Other \_\_\_\_\_

**UPON ACCEPTANCE, the CONFERENCE FEE (\$200.00 or \$225.00 depending on application postmark) and a Health Form (provided) MUST BE RETURNED PROMPTLY**

**to reserve a place at the conference.**

- THIS FORM MAY BE DUPLICATED •

**MAKE A COPY OF THIS FORM FOR YOUR RECORDS!**

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Name of High School \_\_\_\_\_

School Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School Address \_\_\_\_\_

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