
High School Student Leadership Seminar

Friday, July 30, 2010
Henry B Gonzalez Convention Center
San Antonio, Texas

- * Leadership Training with dynamic
headliner Tim Lautzenheiser

- * So You Want To Make All-State Choir
... Now What?
Dinah Menger, Joe Weir, clinicians

- * Preparing to Major in Music
in College?
Betsy Weber, Elisa West, clinicians

- * Trade Show with Over 300
Exhibit Booths

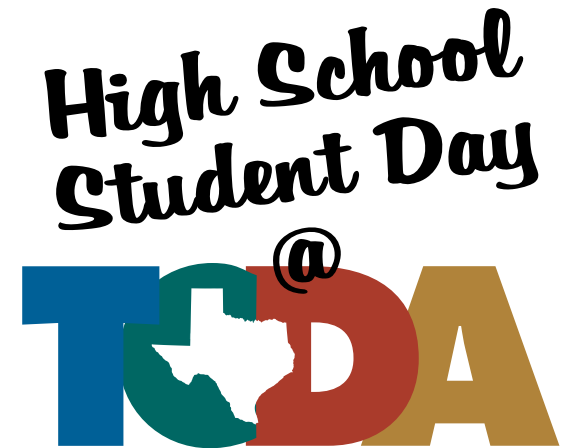
- * Enjoy Festive San Antonio —
the Historic downtown area, the Riv-
erwalk, the RiverCenter, the Alamo,
the San Antonio Zoo, major muse-
ums & art galleries, and more

Pre-registration Required
Deadline, June 15

Badge Pick-up —
Convention Center 7:30 - 9:00 am

*The mission of TCDA is to support and foster the
success of Texas choral directors and music
teachers and to instill a love of music in every
Texas school, church, and community singer.*

Texas Choral Directors Association
7900 Centre Park Drive Ste A
Austin TX 78754
512/474-2801
tcda@TexasSings.org
www.TexasSings.org



Tim Lautzenheiser, Headliner

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Henry B Gonzalez Convention Center
San Antonio, Texas



High School Student Day !

A Part of the 2010 TCDA Convention/Clinic • July 28 - 31 • San Antonio Convention Center

Friday, July 30, 2010 • Registration Form

Return Form to: Texas Choral Directors Association • 7900 Centre Park Dr Ste A • Austin TX 78754 • 512/474-2801

Director Information:

Dr/Mr/Mrs/Ms _____ First Name _____ MI _____ Last Name _____ Suffix: Jr/Sr/III _____

School Name _____

School Address _____

School City / St / Zip _____

Area Code _____ Phone Number _____ Director E-mail Address _____

Number of Students Attending: _____ Number of Parent/Chaperones Attending (1 free per 10 students) _____

Total # Students _____ X \$10.00= \$ _____
Fax or mail this form to the TCDA office with payment. Badges will be at High School Student Check-in under the director's name. (Deadline, June 15)
Method of Payment:

Cash Check (payable to TCDA) Credit Card Signature _____

Credit Card Number _____ Check One: MC VISA AMX Discover

Name on Card _____ Expiration Date MM / YYYY _____ / _____

Credit Card Billing Address _____

City / State / State _____

Office Use Only

Amount Received \$ _____ Date Rec'd _____

Method of Payment: Cash Check # _____ Credit Card