



A PROGRAM OF



OZARK ARTS COUNCIL

The goal of this program is to provide an opportunity for children in our community to attain formal choral training and performance experience while developing an appreciation for music.

Help your child find their voice! This program is designed to help children develop character, self-discipline, respect for self and others, and a good work ethic.

**Kids, Open Auditions
Monday, September 8, 2008
3:30-6:00 PM & 7:00-8:00 PM**

It's simple....Child will sing "Happy Birthday" on the Lyric Theater stage.

**Parents, Find Out What It Is All About
Monday, September 8, 2008
6:00-7:00 PM**

**Meet the Director of the Ozark Children's Choir, Bruce Salsman.
Enjoy some refreshments, ask questions about the program, music, rehearsals,
scholarships, tuition, expectations, or anything else you might want to know.**

Scheduled rehearsal dates:

**O.C.C. rehearsals will be every Monday in the Lyric Theater
in downtown Harrison, AR from 6:00-7:30 PM.
Rehearsals begin Monday, September 15 and run through May 2009.**

Scheduled concert dates:

**Christmas Concert Sunday, December 7 @ 2 PM
Spring Concert Saturday, May 9 @ 7 PM**

ENROLL ONLINE AT WWW.OZARKARTSCOUNCIL.ORG



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ENROLLMENT FORM 2008-09

Yes, I would like to enroll _____ child/children in the Ozark Children's Choir Program. I have read and signed the behavior policy. I understand that the \$270 tuition fee includes professional instruction, facility fees, music costs, and other costs associated with the 2 scheduled performances. I choose to pay tuition by the following method:

\$270 in one installment

Two payments of \$135. The first installment due on September 15 and the second installment due on October 15.

Five monthly payments of \$54 billed by O.A.C. The first installment due on September 15 and the following 4 payments due by Oct. 15, Nov. 15, Dec. 15, and Jan. 15. **I understand this option requires 10 hours of volunteer time to be contributed to the O.C.C. program.**

<i>Volunteer Name</i>	<i>Email</i>	<i>Phone #</i>
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Please check if applicable:

I have applied for a scholarship

My child's enrollment is dependent upon receiving a partial/full (choose one) scholarship.

Parent's Name

Child's Name

Address

Email Phone

Method of Payment		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check <small>Make out to: OAC</small>	Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> MC
		_____ CC#
		_____ Exp. Date
		_____ Signature

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