



***RSCM 2024 Carolina Summer Choral Residency for Girls and Adults
July 8-14, 2024***

Dear Staff Member:

Included in this packet are forms required for **ALL** staff for the *RSCM Carolina Summer Choral Residency for Girls & Adults* held July 8-14, 2024. Covid-19 vaccinations and proof of vaccination is mandated by RSCM and also by Duke University.

Please fill out the following forms and send them to the Course Registrar:

Adult Application— Photo Release—Travel Information—Self-Declaration.

The two reference forms need to be given to the appropriate people with an envelope addressed to the registrar at the address below.

The Self-Declaration needs to be filled out each year; however, the **reference forms are valid for three (3) years.** If you are uncertain about your reference forms or are new to the course, we can discuss it!

Mr. Jonathan Poe, our Course Safety Officer, will make contact with you concerning your safe church status. He is able to set up the online training for you if necessary. Safe Church Training must be completed within the last 3 years, so if you have a certificate please share it with Jonathan.

If you have any questions, please do not hesitate to contact me.

We look forward to having you with us this summer for a week of beautiful sacred music and fun!

Marilyn Neely
Registrar
1765 W Pennsylvania Ave
Southern Pines, NC 28387

registrar@carolinarscm.org



RSCM Carolina Summer Choral Residency for Girls & Adults
Staff Application
July 8-14, 2024

Name: _____
Last First Middle Name you wish to be called?

Address: _____

Phone: _____ / _____ / _____
Home cell Email address

Emergency Contact: _____
Name Phone Numbers

Special dietary needs or medical concerns: _____

Which part are you able to sing? Alto _____ Tenor _____ Bass _____ (Adult women sing Alto)

T-Shirt Size: _____

Please indicate for T-shirt Youth (S,M,L,XL), Ladies V-neck (S,M,L,XL,XXL) or Regular (S,M,L,XL,XXL)

Church Name and Address: _____

Choir Director/Self: _____ Phone: _____ Email: _____

I certify that the proposed staff member listed above is in good standing in our choir, that s/he works appropriately with children and youth, and that s/he has the recommendation of his/her choir director **and/or** minister.

Choir Director/Minister

Date

Staff members must complete the Self Declaration Form and have two reference forms on file. Safe church certificates must be dated 2020 or later. A room in the dormitory, food and T-shirt are provided. Please send ALL forms to the Registrar.

Mail to: Marilyn Neely, Registrar
1765 W Pennsylvania Avenue | Southern Pines NC 28387



RSCM-2024 Carolina Summer Choral Residency for Girls & Adults

Photo/Media Release

July 8-14, 2024

I grant to the Episcopal Diocese of North Carolina, RSCM America, RSCM International and the RSCM Carolina Summer Choral Residency for Girls and Adults - 2024 the right to take, copyright, and publish photographs, audio, or video footage of me in print and/or electronically. This release is also to include the websites and/or Facebook pages of said entities.

I agree that The Episcopal Diocese of North Carolina, RSCM America, RSCM International and RSCM Carolina Summer Choral Residency for Girls and Adults may use such photographs and recordings as publicity, or advertising to further their ministries and musical activities, and I waive any right to compensation, royalties, or ownership.

Participant's name_____

Signature

Date

Please mail this form to: Marilyn Neely, Registrar
1765 W. Pennsylvania Avenue | Southern Pines, NC 28387



RSCM Carolina Summer Choral Residency for Girls & Adults
Travel & Roommate Request
July 8-14, 2024

Participant's Name _____

*Please plan to arrive at Duke University
before 5 pm Monday, July 8, 2024*

Arrival to and Departure from Course:

I will be arriving and departing by: Car _____ Plane: * _____ Other: _____

*Arrival: Airline _____ Flight # _____

Date: _____ Time: _____

Participants will be met at baggage claim at the **Raleigh-Durham International Airport (RDU)**

*Departure: Airline _____ Flight # _____

Date: _____ Time: _____

***Please arrange airline departures for no earlier than 7:15 pm on Sunday
from the Raleigh-Durham International Airport (RDU).***

ROOMMATE REQUEST:

If you have a roommate choice, please list your choice below and we will attempt to assign roommates accordingly.
You can request a single room.

Roommate Choice 1: _____

Roommate Choice 2: _____

Please mail this form to:
Marilyn Neely, Registrar
1765 W. Pennsylvania Avenue | Southern Pines, NC 28387