

All-State Information/Agreement

2025-26

Dear Parents,

We are excited to announce that your child has the opportunity to audition for the prestigious Florida All-State Honor Chorus, organized by the Florida Vocal Association. This competitive program in Tampa, Florida, offers an incredible platform for talented young vocalists. Due to limited spots, it's essential to act quickly! If you would like your child to be considered, please read the following details, sign the form, and return the back page to Mr. Mullen by **Friday, August 15th**.

Commitment Requirements:

Full Participation: Please only submit your child for auditions if they are fully committed to attending. Limited seats make it crucial to keep opportunities open for all students.

- Practice Sessions: Your child must practice with Mr. Mullen during after-school hours.
- At-Home Practice: Regular practice at home is essential for success.
- Investment: The expected cost to participate in All-State is approximately \$500.00.

Audition Schedule:

- **September 6**: All-State Audition 1 at Davison Middle. (Transportation will not be provided; please arrange for an adult to transport your child.)
- **October 7**: All-State Audition 2 at Woodlawn Beach. (Families must arrange transportation for their child.)
- **January 14-17**: All-State event in Tampa. (Families are responsible for finding affordable lodging and transportation near the Downtown Tampa Convention Center.)

Please remember that the deadline is **Friday, August 15th** to return this form if you want your child considered for the **2025-26** All-State Chorus audition.

See page 2 of this document.

Agreement:

I wholeheartedly agree to support my child's commitment to all aspects of the All-State process, including all-county rehearsals and performances. I understand the time and financial investment required.

Child's Name: _____

Parent Name: _____

Parent Phone Number: _____

Parent Email: _____

Child's Height in Inches: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Parent Signature: _____

Thank you for supporting this fantastic opportunity for your child!

Please enter physical disabilities, medical prescriptions, or psychological concerns that may be important for the director and FVA facilitators to know about your child. Thank you.

Concerns: