

SUNDAY SINFONIA @ ALBRIGHT COLLEGE

Our mission is to produce quality music, help each musician reach their highest level, and bring the joy of music to others.

Information for Fall 2024

Schedule of Rehearsals: Sunday Sinfonia members are expected to come to all full rehearsals (there are six in total before the concert(s)). **PLEASE NOTE: Rehearsal dates are subject to change, depending on director availability.**

Except as noted below, all rehearsals will be held on ***Sunday evenings from 5:30-8:30*** at Albright College in Roop Hall (directions below).

- We will have one 20 minute break at each rehearsal.
- Snacks will be provided by members according to sign-up sheets, which will be available at rehearsals.

Simon Maurer will lead all rehearsals except where otherwise noted.

Rehearsal Dates: **NOTE: Due to potential conflicts, rehearsal dates and times are subject to change. As of 7/24/2024, rehearsal dates are as follows:**

- September 22
- September 29
- October 13
- October 20
- November 10
- November 17

Location: Albright College, 1621 North 13th Street, Reading, PA 19604

Directions: If coming from Route 222, follow signs to Route 12 East. Take the exit for 11th Street. Make a RIGHT at the bottom of the ramp. At the first light, make a LEFT onto Rockland Street. Make a RIGHT onto North 13th Street. Turn LEFT at the 2nd intersection onto Bern Street. The visitor parking lot will be immediately on your right hand side. The Center of Fine Arts building is on the left side. You will enter the building where it says Music Department above the door. Roop Hall is the first room on the left. We will make sure there are people and/or signs to help direct the first rehearsal there.

Snacks/Food: Snacks will be provided by members according to sign-up sheets, which will be available at rehearsals. The first rehearsal will be provided by members of the Vision and Planning Committee.

Registration: All musicians, returning and new, are asked to download and complete the attached Registration Form. Mail the Registration Form, Photo Release Form, and Orchestra

Donation (payable to **Sunday Sinfonia**) to: Judy Terwilliger, 6732 Madison St., New Tripoli, PA 18066

Registration will remain open until September for the Fall Season.

Registration Donation: * \$80. This will be used to pay our Music Director(s).

*Albright student registration will be handled through Albright College Music Department.

Concerts: We may need volunteers to help transport students to the first concert. Will keep you posted.

Concert #1: November 23 – Location TBD

Concert #2: November 24 @ 3pm - Merner-Pfeiffer-Klein Memorial Chapel at Albright College

Sunday Sinfonia

2024 Fall Registration Form

***Name:** _____

Address: _____

Phone: _____

Email: _____

Instrument: _____

Skill Level: Novice Intermediate Advanced

Emergency Contact: _____

***If under the age of 18 years please include parent/guardian contact information.**

Name: _____

Phone: _____

Print Name: _____

SUNDAY SINFONIA PHOTO CONSENT FORM

_____ I elect NOT to release my photograph for any reason.

I hereby authorize Sunday Sinfonia to publish the photographs taken of me for use in Sunday Sinfonia's printed publications, social media sites (such as Facebook), and website. I understand these images may be used for promotional, news, and/or informational purposes.

I acknowledge that since my participation with Sunday Sinfonia is voluntary, I will receive no financial compensation.

I hereby release, discharge, and hold harmless Sunday Sinfonia and its agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photographs.

I do further certify that I am either of legal age, or possess full legal capacity to execute the foregoing authorization and release.

Choose one of the following two options:

_____ I give my consent for my name to be published in connection with photographs used for the reasons described above.

_____ I DO NOT give my consent for my name to be published for any reason.

Signature: _____ Date: _____

If the individual named above is under 18, complete the section below:

I, the parent/legal guardian of the individual named above, have read this release and approve of its terms.

Parent/Legal Guardian Name:

Parent/Legal Guardian Signature:

Contact Number: _____ Date: _____