The Elementary Chorus has been invited to perform The Star-Spangled Banner at the opening of the Huntingdon County Pride Telethon. This performance is to take place on Saturday, March 23rd at 1:00pm.

If you aren’t aware of what PRIDE is and does, this comes from their website:

”PRIDE reflects our commitment to: Promoting, Rehabilitation, Independence, Dignity and Education for people with special needs in Huntingdon County.

PRIDE is an all-inclusive, nondiscriminatory organization for persons with disabilities caused by birth defects, injury, disease, learning and developmental disorders, again and other disabling conditions.”

Each year they hold a telephone to raise funds.

We will leave from the front of Shirley Township by bus at 12:15PM. We will drive to Huntingdon and are slated to perform at 1:05PM. We will be leaving right after and then return to STE. My guess is that we should be returning around 2:00pm. This performance is not required, but it will be a great performance experience for the kids!

While we won’t have a specific dress code, it would be nice if kids could wear any Mount Union shirts they may already own (or blue/yellow shirt) and dark jeans/pants.

Also, I wouldn’t mind having 1 or 2 parent chaperones to help with crowd control. If you are interested, please let me know.

If you have any questions or concerns, please let me know!

Mrs. Crouse

[gcrouse@muasd.org](mailto:gcrouse@muasd.org)

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to travel with the Elementary Chorus to perform at the Huntingdon County Pride Telethon on Saturday, March 23rd. I understand it is my responsibility to drop my child off at STE and pick them back up.

Please list any medical concerns:

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please sign and return the permission slip below by 3/20/24**.