

**CAPITAL DISTRICT YOUTH CHORALE**

**Pre- Arranged Absence Form**

Today's Date: \_\_\_/\_\_\_/\_\_\_

When completed return to CDYC Parent Coordinator. Thank you.

Singer's Name: \_\_\_\_\_ Parent Name/ Cell Phone \_\_\_\_\_

Singer's Choir Group: \_\_\_\_\_

Date of Absence: \_\_\_/\_\_\_/\_\_\_ Performance or Rehearsal: \_\_\_\_\_

If Performance, which one: \_\_\_\_\_

Reason for Absence:  
\_\_\_\_\_  
\_\_\_\_\_

CDYC Parent Coordinator Signature: \_\_\_\_\_

Director's Signature \_\_\_\_\_ Excused **OR** Not excused

**If absence is because of a school concert conflict, please have your school director sign below:**

School Music Director's Signature \_\_\_\_\_ Date of School Concert \_\_\_/\_\_\_/\_\_\_

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