



Chaperone Report

Choir: _____

Name of Performance: _____

Date of Performance: _____

Chaperone Names:

1. _____

2. _____

3. _____

4. _____

5. _____

Performance Coordinator's Signature

Date Submitted

Please place this completed form in Elaine Eilers' mailbox (located in the ICC office) no later than one week after the performance.