

GlenOak High School Choral Music Department  
*presents*  
**MAY SHOW 2021...“Come Alive...Celebrate”**

Choral Department Members,

As your student directors of May Show 2021, we would like to inform you of our policies and expectations in order to make this a successful production. In order to accomplish this goal, please remember the following things:

- **ALL** questions, comments, and concerns are to be directed to us, Danielle Bisesi & Bella DePasquale, and **NOT** Mr. Kieffer or Ms. Meese.

*Method of Communication:*

**Danielle Bisesi**

Cell Phone: 330.316.0034

**Bella DePasquale**

Cell Phone: 330.417.0938

- Every form lists 4-5 VERY IMPORTANT directives.

**Return to:** \_\_\_\_\_

**How:** \_\_\_\_\_

**Labeled:** \_\_\_\_\_

**Due Date:** \_\_\_\_\_

**Cash/Checks Payable To:** \_\_\_\_\_

- Deadlines are strictly enforced, meaning late forms **WILL NOT** be accepted under any circumstances.
- Please realize that we want this show to be a success and your cooperation is a necessity for this to be accomplished.

We hope that this helps make this year's May Show an amazing experience for all of you. Thank you for your understanding and cooperation.

Your Student Directors,

Danielle & Bella

**Good Luck and Have Fun!**

GlenOak High School Choral Music Department  
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**“Good Luck Grams”**  
in the  
May Show Souvenir Program

*Would you like to send a “Good Luck Gram” to another student within the GlenOak Choral Department? If so, please complete the following information to purchase a ONE LINE Good Luck Gram in the May Show Program.*

**ONE LINE = \$1.00**

<b>Return to:</b>	Student Directors	<b>Due Date:</b>	Wed, May 12th
<b>How:</b>	Sealed envelope	<b>Payment form:</b>	Cash ONLY
<b>Labeled:</b>	Full Name & Good Luck Gram		

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<b>Your Name:</b> _____	<b>Cell Phone:</b> _____
<b>Your Choir:</b> _____	<b># of Lines Purchased:</b> _____

To: _____	From: _____
Message: _____	
_____	

To: _____	From: _____
Message: _____	
_____	

To: _____	From: _____
Message: _____	
_____	

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**“Wishes of Good Luck”**  
in the  
**May Show Souvenir Program**

Would you like to send a “Wish of Good Luck” to that special someone participating in the GlenOak Choral Department’s May Show? If so, please complete the following information to purchase an 1/8 of a page section of the May Show Program.

<b>Return to:</b>	Student Directors	<b>Due Date:</b>	Wed, May 12th
<b>How:</b>	Sealed envelope	<b>Checks Payable To:</b>	GlenOak VPA
<b>Labeled:</b>	Full Name & Wishes of Good Luck		

*Or Send to...*  
Attn. Linda Clark  
**GlenOak High School**  
1801 Schneider St. NE  
Canton, OH 44721

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Name _____	Phone Number _____
Address _____	City/Zip _____

How would you like your “Wish of Luck” to appear?

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Check/Money order # enclosed \_\_\_\_\_ (\$40.00 Payable to **GOHS VPA**)

*Thank you for your support of the GlenOak MAY SHOW.*  
*We look forward to seeing you at the performances!*

***“In Giving, We Receive”***

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**~ T-Shirt Order Form ~**

Would you like to promote May Show the week of the show?

**Order a May Show T-Shirt!**

T-Shirts are \$15.00 and will be available for pickup during tech week.

**Late orders cannot be accepted.**

<b>Return to:</b>	Student Directors/Ms. M	<b>Due Date:</b>	Fri, May 7th
<b>How:</b>	Sealed envelope	<b>Checks Payable To:</b>	GOHS Choir
<b>Labeled:</b>	Full Name & T-Shirt & Choir		

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**May Show T-Shirt Order Form**

**Standard T-Shirt Sizes** (please circle)

**S**

**M**

**L**

**XL**

**\*2X**

**\*3X**

*\* Additional \$2.50 for these sizes*

Your Name: \_\_\_\_\_

Your Large Group Choir: \_\_\_\_\_

Total: \$\_\_\_\_\_

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**Rehearsal Conflict Submission Form**

*1 form should be submitted per date of conflict*

Print Student's Full Name: \_\_\_\_\_

Student's Cell: \_\_\_\_\_

Print Parent's Full Name: \_\_\_\_\_

Parent's Cell \_\_\_\_\_

Conflicting Activity/Sport: \_\_\_\_\_

Advisor/Coach Name: \_\_\_\_\_

Advisor/Coach Cell or Email: \_\_\_\_\_

Date(s) of Conflict: \_\_\_\_\_ (continue on back if needed)

May Show Rehearsal Start & End Time that Conflicts: \_\_\_\_\_ to \_\_\_\_\_

Activity/Sport Start & End Time that Conflicts: \_\_\_\_\_ to \_\_\_\_\_

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DIRECTOR'S USE ONLY

Date form submitted to directors: \_\_\_\_\_

Resolution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **GOHS 2021 Awards Ceremony**

## **Reservation Form**

**MONDAY, MAY 24, 2021**

(Doors open at 6:30 PM - Awards at 7:00 PM)

### **GOHS Main Commons**

Enter Door 17

Due to COVID, we must limit our Awards Ceremony to Seniors, Drifters, Notables and Award Recipients.

Award Recipients will be notified ahead of time.

Each attending student is allowed up to 2 additional parents/family members.

Reservations cannot exceed 3 individuals.

Masks must be worn and social distancing must be maintained.

### **Mail Reservation Form Below To:**

**Carolyn Gemma**

1919 Crosshaven RD NW

Canton, OH 44708-2064

OR

Give forms to Ms. Meese in class

**Return to:** Mrs. Gemma/Ms. Meese  
**Due Date:** Monday, May 17th  
**How:** Sealed envelope  
**Labeled:** Full Name & Awards Ceremony

**DEADLINE IS MONDAY MAY 17, 2021 FOR RESERVATIONS.**

Complete the form below, detach, place in a labeled envelope

Choral Department

2021 Awards Ceremony Reservation Form

ATTENDING STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

GUEST(S) ATTENDING \_\_\_\_\_ PARENT PHONE \_\_\_\_\_

STUDENT CHOIR (S) \_\_\_\_\_

Number of people attending *including* the student (max of 3) \_\_\_\_\_

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**Senior Bio Form**

**Return to:** Student Directors  
**How:** Sealed envelope

**Due Date:** Friday, May 7th  
**Labeled:** Name & Sr. Bio

**NO LATE BIOS/PICTURES WILL BE ACCEPTED!**

Print Name: \_\_\_\_\_

Please include a wallet sized senior picture, preferably vertical and close up (face and torso would be great... avoid full body poses)

- *You may also email your picture to the student directors (Bella & Danielle)*

Choir(s) presently in:   1. \_\_\_\_\_  
                                      2. \_\_\_\_\_  
                                      3. \_\_\_\_\_

Past Choirs:               1. \_\_\_\_\_  
                                      2. \_\_\_\_\_  
                                      3. \_\_\_\_\_

Are you, or have you been a choir officer?	YES	NO
What offices have you held?	<u>Choir</u>	<u>Office Held</u>
	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____

Future Plans: \_\_\_\_\_  
\_\_\_\_\_

Favorite Choir Memory: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Activities (in or outside of GOHS): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special thanks, parting words, or advice: \_\_\_\_\_  
\_\_\_\_\_

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**Senior Rose Form**

Each senior will receive **1 free rose** compliments of the GlenOak Choral Department. Only students with special family circumstances may purchase ONE additional rose for \$3.00

**Cash only....Late orders WILL NOT BE ACCEPTED**

<b>Return to:</b>	Student Directors	<b>Due Date:</b>	Mon, May 10th
<b>How:</b>	Sealed envelope	<b>Cash ONLY</b>	
<b>Labeled:</b>	Full Name & Senior Rose		

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Please check the choir that you are in:*

- ☐ Chorale
- ☐ Concert Choir
- ☐ Women's Chorus
- ☐ Men's Chorus
- ☐ Treble Chorus

*Please check the boxes that apply to your rose reservation:*

- ☐ 1 free rose compliments of the GlenOak Choral Department
- ☐ 1 extra rose at \$3.00 (special family circumstances ONLY)

*Please check the night(s) you will need a rose followed by the number of roses.*

- ☐ \_\_\_\_\_ Thursday, May 20th
- ☐ \_\_\_\_\_ Friday, May 21st
- ☐ \_\_\_\_\_ Saturday 2:00 PM Matinee May 22nd
- ☐ \_\_\_\_\_ Saturday 7:00 PM May 22nd

TOTAL ROSES \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_