Association of Wisconsin Area Kodaly Educators
Saturday, February 6th, 2027 8:30-3:30
Lakeland University, W3718 South Drive, Plymouth, WI 53073

Toni Weijola is a music educator in Appleton, Wisconsin, where she teaches elementary general music in the Appleton Area School District and is on the staff of the Lawrence Community Girl Choir program as teacher-conductor of their Capriccio Choir. Toni holds a Bachelor of Music degree in choral/general music education and vocal performance from Lawrence University and a Master of Music degree in music education with a Kodaly emphasis from Silver Lake College. She is an advocate for the Comprehensive Musicianship through Performance (CMP) teaching model and regularly collaborates with Lawrence University as a cooperating teacher for future music educators. As an active performing musician and educator in the Fox Valley, Toni has previously taught with the Appleton Boychoir, conducted private studio instruction in voice, and currently sings with the NEWVoices Choir. With her husband, she also co-leads the music and worship ministry at their church. When not teaching or making music, Toni can most likely be found cherishing time with her family at home, walking a nature trail, enjoying tasty food, and supporting her husband and children's many interests and passions.

Choral music packets will be mailed out in December, along with directions to our website to access rehearsal recordings and director's notes. The 4th-8th grade students you select should represent your most talented and cooperative singers. Please be sure to balance your group with an equal number of students per part.

Please see the tentative schedule for the day listed on the registration form. The concert is open to the public and tickets will be available for purchase at the door, $5 for adult tickets and $3 for children's tickets. Cash or check is preferred but an electronic option will be available with a processing fee. Teachers should plan to have at least one other chaperone/adult in addition to yourself available at all times during the rehearsal that day.

Please fill out the registration form and return it with **one check payable to AWAKE** to arrive no later than **November 21st** to:

Attn: Kaye Schmitz
Sheboygan Falls Middle School
2 W. Alfred Miley Way
Sheboygan Falls, WI 53085

Health and permission forms must be signed and sent with the registration form.

You can download additional forms and find more information on our website: https://www.wisconsinkodaly.org If you have any questions please contact Kaye Schmitz (kschmitz@sheboyganfalls.k12.wi.us) or Brittany Ward (awakepresident@gmail.com). You will not regret signing your students up for this exceptional opportunity! We look forward to seeing you in February!

Sincerely,
Caitlin Dahl
AWAKE Secretary

AWAKE CHILDREN'S CHOIR FESTIVAL
Saturday, February 6th, 2027 8:30-3:30
Lakeland University, W3718 South Drive, Plymouth, WI 53073

REGISTRATION FORM
Due November 21st, 2026

Include *one check* payable to **AWAKE** with this registration form. To facilitate prompt delivery of music, please register as soon as possible. Please divide your students equally into parts I and II.
(Use as many lines as needed--copy as needed; print or type, this info will be used for the program)

Voice (Part I, Part II)

Student:_____Grade:_____Voice:_____

Student:_____Grade:_____Voice:_____

Student:_____Grade:_____Voice:_____

Student:_____Grade:_____Voice:_____

Student:_____Grade:_____Voice:_____

Student:_____Grade:_____Voice:_____

Student:_____Grade:_____Voice: _____

Director's Name: _____

Address:_____

City:_____State:_____Zip:_____

Phone: (H):_____(W):_____

Email:_____

School Name: _____

Number of **youth** t-shirts: size s____ size m____ size l____ size xl____ size xxl____

Number of **adult** t-shirts: size s____ size m____ size l____ size xl____ size xxl____

Directors t-shirts: size s____ size m____ size l____ size xl____ size xxl_____

Number of Adult Lunches: _____(X $8.50) =$_____

Number of Director's Music Packets:_____(X $15) =$_____ OR

Free Director's Music Packet for AWAKE Members _____

Number of Children Attending: _____ (X $35-AWAKE Members or $45-non-AWAKE members)

=$ _____

Mail Registration, Permission, and Health forms to:
Attn: Kaye Schmitz
Sheboygan Middle School
2 W. Alfred Miley Way
Sheboygan Falls, WI 53085 **by November 21st**

Total Enclosed =$_____

HEALTH FORM

Student:_____Age:_____M___F___

Parent(s):_____

Address: _____

Phone:_____Cell Phone: _____

Insurance Provider: _____

Group #:_____Subscriber #: _____

Please list below any known allergies or other health conditions:

_____

_____

Contact in case of an emergency (if different from above)

_____

I/We hereby give permission for our son/daughter to be given treatment by a medical professional under advice from a member of AWAKE during the Children's Choir Festival on February 6th, 2027

Parent/Guardian Signature:_____**Date**:_____

STUDENT PERMISSION FORM

AWAKE CHILDREN'S CHOIR FESTIVAL
Saturday, February 6th, 2027 8:30-3:30
Lakeland University, W3718 South Drive, Plymouth, WI 53073

Student Participation Permission Form:

I hereby give permission for_____(Student's name, PLEASE PRINT) to participate in the AWAKE Children's Choir Festival to be held at Lakeland University on February 6th, 2027.

I understand the fee of $35.00 ($45.00 for students of non-members) will cover lunch, music and other costs incurred by the festival. Students will also receive a t-shirt, the day of the festival, to wear at our performance.

Please check the correct size for your child:

My child will need a **youth** size shirt:

size s_____ size m_____ size l_____ size xxl_____

My child will need an **adult** size shirt:

size s_____ size m_____ size l_____ size xxl_____

Parent/Guardian Signature:_____Date: _____

AWAKE is not responsible for travel arrangements to and from Lakeland University.

Student Release Form

I,_____(Parent/Guardian name, PLEASE PRINT) agree not to hold The Association of Wisconsin Area Kodaly Educators (AWAKE) or the hosting school district responsible for any injury sustained by my son/daughter during his/her participation in the Choral Festival. I understand that my child may be photographed, audio or videotaped while participating in the Choral Festival. These photographs and recordings may be used in programs or publications for educational and promotional purposes. I therefore release all claims against AWAKE with respect to privacy issues pursuant to Wis. Stat. 895.50, copyright ownership and publication, and any claim for compensation related to the use of these materials.

Parent/Guardian Signature:_____**Date**:_____