

# **2017 Apple Blossom Cotillion**

## **Children's Application Form**

***Must be received by 5:00pm, Monday, December 5, 2016***

**The 61st annual Apple Blossom Cotillion will be on Friday and Saturday, May 5 & 6, 2017 at Riverside Gymnasium in Springfield, Vermont.**

The Director of the 2017 Cotillion is Pam Shaughnessy.

The Cotillion is a fund raising event on behalf of Springfield Hospital and Springfield Medical Care Systems (SMCS).

### **Participation**

Elementary school children in grades Kindergarten – 4th are invited to participate in the Apple Blossom Cotillion. Applicants who submit a completed application by the due date are eligible to participate unless the number of applicants exceeds the capacity of the production. In that case, a random drawing will be held on December 8 @ 4:30 pm to determine the participants.

***CHILDREN SHOULD APPLY IN COUPLES – A GIRL AND HER MALE ESCORT – JUST LIKE THE HIGH SCHOOL PARTICIPANTS.***

**PARENTS AND THEIR CHILDREN ARE INVITED TO ATTEND THE OPENING ORIENTATION @ 1PM ON SUNDAY, JANUARY 8, 2017 @ RIVERSIDE GYM.**

### **Rehearsals**

Rehearsals are important and mandatory. Children's rehearsals **will be on Sunday afternoons from February 26 – April 30 (except Easter Sunday) from 2:30 – 3:30 pm @ Riverside gym.** The week of the Cotillion, there are rehearsals Monday – Thursday evenings (May 1-4); the performances are Friday and Saturday evenings May 5 & 6.

### **Cost**

Children's families are responsible for the cost of the clothes for the performances. The cost of the dress for elementary school girls is approximately \$128. Girls must wear white ballet flats. The cost of the tuxedo rental is approximately \$140. A 25% deposit is due by the first rehearsal. Payment in full is due at the time of the fittings. Checks may be made payable to Apple Blossom Cotillion.

**Mail completed application form to:  
Development Office, SMCS  
PO Box 2003  
Springfield VT 05156-2003  
or deliver to the information desk at Springfield Hospital.**

### **Questions**

Contact: Larry Kraft, Director of Development, 802-885-7644, [lkraft@springfieldmed.org](mailto:lkraft@springfieldmed.org)

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**Girl's Name** \_\_\_\_\_  
(First) (Middle) (Last)

**School** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
(Month) (Day) (Year)

**Names of Parent(s)/Guardian(s)** *(to be announced at Cotillion)*  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City, State, Zipcode)

**Telephone** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

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**Escort's Name** \_\_\_\_\_

**Escort's School** \_\_\_\_\_

**Escort's Grade** \_\_\_\_\_ **Escort's Date of Birth** \_\_\_\_\_

**Escort's Parent(s)/Guardian(s)** *(to be announced at Cotillion)*  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
\_\_\_\_\_

**Telephone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

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***Participation in the Cotillion includes its broadcast on SAPA-TV and the authorization to use photographs of its participants for promotional purposes.***

**Signatures REQUIRED**

Parent/Guardian of Applicant  
\_\_\_\_\_

Parent/Guardian of Escort  
\_\_\_\_\_