



***RSCM-2026 Carolina Summer Choral Residency at Duke University
for Choristers and Adults
June 22-28, 2026***

Dear Adult Participant:

Included in this packet are the forms required for **ALL** adults to fill out and send in for the RSCM Carolina Summer Choral Residency at Duke University for Choristers & Adults to be held June 22-28, 2026.

Please fill out the following forms and send them to the course registrar:

Adult Application - Photo Release - Travel Information – Self-Declaration.

The Self-Declaration needs to be filled out each year.

The two reference forms need to be given to the appropriate people with an envelope addressed to the registrar at the address below. However, you can email them to the registrar also.

The **reference forms are valid for three (3) years**. If I have them on file current as of 2024, you do not have to redo them. Email me if you are uncertain about your references.

Please have either your choir director or church minister to sign the application form.

You may go online through the link at www.carolinarscm.org. You will still be required to send/email me your Self Declaration and Reference forms.

The registration fee if you choose to stay in the dorm at St. Mary's School is \$900. This includes a semi-private room, tuition and meals. There is an additional fee of \$60 if you would like a private room. You may also be a day attendee – and the cost for that is \$500 which will include your meals at the School.

If you have any questions, please email me.

Stephen Gourley
Adult Registrar
560 Burning Tree
Pinehurst, NC 28374
919.920.4621

stephengourley@my.unt.edu

RSCM Carolina Summer Choral Residency for Choristers & Adults
Adult Application
June 22-28, 2026

Name: _____
Last First Middle Name you wish to be called?

Address: _____

Phone: _____ / _____ / _____
Home Cell Email address

Emergency Contact: _____
Name Phone Numbers

Special dietary needs or medical concerns: _____

Which part are you able to sing? Alto _____ Tenor _____ Bass _____ (ALL adult women sing Alto)

T-Shirt Size: _____

Please indicate for T-shirt Youth (S,M,L,XL), Ladies V-neck (S,M,L,XL,XXL) or Regular (S,M,L,XL,XXL)

Church Name and Address: _____

Choir Director: _____ Phone: _____ Email: _____

Choir Director/Church Minister

Date

COURSE FEES

\$900.00 (\$950.00 after April 1) for adults staying in the dorm. Does **NOT** include the cost of music!

\$500 Adult Day participants. Does **NOT** include cost of music!

\$25 Discount off registration fee for members of RSCMA.

Non-refundable Deposit of \$100.00 due with application form.

Remaining balance due June 1, 2026

Checks should be made payable to:
"RSCM Carolina Course"

Mail application form & deposit to:
Stephen Gourley, Adult Registrar
560 Burning Tree Rd
Pinehurst, NC 28374

**RSCM Carolina Summer Choral Residency
For Choristers & Adults
June 22-28, 2026**

Photo/Media Release

I grant to the Episcopal Diocese of North Carolina, RSCM America, RSCM International and the RSCM America Carolina Summer Choral Residency– 2026, the right to take, copyright, and publish photographs, audio, or video footage of me in print and/or electronically. This release is also to include the websites and/or Facebook pages of said entities.

I agree that The Episcopal Diocese of North Carolina, RSCM America, RSCM International and RSCM America Carolina Summer Choral Residency may use such photographs and recordings as publicity, or advertising to further their ministries and musical activities, and I waive any right to compensation, royalties, or ownership.

Print Your Name _____

Signature

Date

Please mail this form to:
Stephen Gourley, Adult Registrar
560 Burning Tree Rd, Pinehurst, NC 28374

**RSCM Carolina Summer Choral Residency
For Choristers & Adults
June 22-28, 2026**

Travel & Roommate Request

Participant's Name _____

*Please plan so you arrive at St. Mary's School
Between 1:00-5:00 pm on Monday, June 22, 2026*

Travel - Arrival to and Departure from Course:

I will be arriving and departing by: Car _____ Plane:* _____ Other: _____

*Arrival: Airline _____ Flight # _____

Date: _____ Time: _____

Participants will be met at baggage claim at the **Raleigh-Durham International Airport (RDU)**

*Departure: Airline _____ Flight # _____

Date: _____ Time: _____

*Please arrange airline departures for no earlier than 7:15 pm on Sunday
from the Raleigh-Durham International Airport (RDU).*

Roommate Request if staying in Dorm:

If you have a roommate choice, please list your choices below and we will attempt to assign roommates accordingly.

Roommate Choice 1: _____

Roommate Choice 2: _____

Please mail this form to:
**Stephen Gourley, Adult Registrar
560 Burning Tree Rd
Pinehurst, NC 28374**

