



# Springfield Hospital

*Where People Come First*

## **2025 Apple Blossom Notes and Application for Children**

The Springfield Hospital staff, the Volunteer Apple Blossom Director, and Apple Blossom Committee members are excited to announce the 67<sup>th</sup> Apple Blossom for 2025. All area high school seniors are invited to participate in this community event of young people performing song and dance, including the traditional features that make the Apple Blossom so special. **This year, children will sign up individually. Children do not need to apply as a couple, like in past years.**

### **Here are some notes about the 2025 event:**

- ✓ The theme for this year is “That Was Then, This Is Now.” The children will learn one dance, sing one song, and appear in the finale, which will enable us to conduct less rehearsals for the children.
- ✓ **Children in grades two through five are invited to apply.**
- ✓ **Children will not sign up as couples.**
- ✓ Our Director for 2025 is Ashlee White. Suzanne Stern will be working with the children on choreography along with Ashlee White.
- ✓ A majority of the rehearsals will be held at The Dance Factory, Springfield, VT.  
**Rehearsals for children will begin on Sunday, March 30, 2025.**
- ✓ Families are strongly encouraged to review with their child(ren) between rehearsals the dance and song.
- ✓ The performances will be on Friday, May 2 and Saturday, May 3.
- ✓ The attire for this year’s event is described below.

The Apple Blossom has traditionally been a fundraising event. The 2025 event will support Springfield Hospital’s 2024-2025 annual giving campaign as well as the Dr. Lovell Health Career Scholarship. The support of the community businesses, individuals, and families has been extraordinary during the past years. We anticipate a positive response from the community.

### **Participation**

Applicants who submit a completed application by the due date of Sunday, January 19, 2025 can participate, unless the number of applicants exceeds the capacity of the production. In that case, a random drawing will be held to determine the number of child participants.

## **Rehearsals**

Rehearsals are important and mandatory. **There will be 4 Sunday rehearsals, starting March 30th for the children. Children can only miss one excused rehearsal. Since there are so few rehearsals for the children, if a child misses more than one rehearsal, the child cannot participate in the performances.** Rehearsals will be held on Sundays, 1-3 pm. No rehearsal on Easter. There will be additional rehearsal times, in the evening, the week of April 28<sup>th</sup>. They will be Wednesday, April 30 and Thursday, May 1.

**Performances are on May 2 and 3, and we will have our performances at the Springfield High School Auditorium! New location!**

## **Attire**

Children and their families will be ordering their own attire as per the instructions of the Director of Apple Blossom. The cost will be less than \$100. There will be two selections for participants for attire: a dress or a suit. Each person is free to choose the one they feel most comfortable in.

## **Applications**

**Due January 19, 2025**

**Mail completed application to:  
Springfield Hospital  
Development Department  
PO Box 2003  
Springfield, VT 05156**

**or deliver to the information desk at Springfield Hospital**

**or email, [speplau@springfieldhospital.org](mailto:speplau@springfieldhospital.org)**

***Questions- Contact: Sandy Peplau, Marketing & Development Department, 802-885-7686, [speplau@springfieldhospital.org](mailto:speplau@springfieldhospital.org)***

***Please note that changes to the production, including cancellation, may happen at any time as directed by the Director and/or the Apple Blossom and Development Committees of Springfield Hospital.***



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## 2025 Apple Blossom Application for Children

***Must be received by 5:00 pm, Sunday, January 19, 2025***

***email: [speplau@springfieldhospital.org](mailto:speplau@springfieldhospital.org)***

***or mail to: Springfield Hospital, Development Department, PO Box 2003,  
Springfield, VT 05156***

### Child's Information

Name \_\_\_\_\_  
(First) (Middle) (Last)

Preferred Pronoun \_\_\_\_\_ E-mail \_\_\_\_\_

Cell/Phone \_\_\_\_\_

Grade in School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip code)

Names of Parent(s)/Guardian(s) *(to be announced at the Apple Blossom)*

\_\_\_\_\_  
\_\_\_\_\_

Parent's Cell/Phone \_\_\_\_\_

Parent's Email \_\_\_\_\_

Parent's Mailing Address if different than child

### **Consent Form - Child**

**Your minor child's participation in the Apple Blossom may be included in content that is broadcast on SAPA-TV and other social media platforms and channels.**

**Please complete this form indicating that you approve your minor child being featured on SAPA-TV and other social media platforms and channels.**

**Please Initial:**

\_\_\_\_\_ I grant Apple Blossom organizers and their successors and assigns the right to record my minor child's image and/or voice on videotape, on film, in photographs, in digital media and in any other form of electronic or print media and to edit such recording in their discretion and air the same on SAPA-TV, other channels, and social media platforms.

\_\_\_\_\_ I hereby release the Apple Blossom organizers and their successors and assigns, from using my minor child's image and/or voice and from any and all claims, damages, liabilities, costs and expenses which I or my child now have or may hereafter have by reason of any use thereof.

I have had an opportunity to have all of my questions answered to my satisfaction.

**Printed Name of Participant:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

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

**Printed Name of Parent/Guardian of Participant (if a minor):**

**Parent/Guardian Signature:** \_\_\_\_\_

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