

Masterworks Children's Chorus Audition/Enrollment Form

DATE: _____

NAME: _____

AGE: _____ BIRTHDATE: _____ GRADE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

HOME PHONE: _____ CHILD'S CELL PHONE: _____
(if applicable)

MOTHER'S CELL PHONE: _____ FATHER'S CELL PHONE: _____

MOTHER'S E-MAIL ADDRESS: _____

FATHER'S E-MAIL ADDRESS: _____

BROTHERS & SISTERS (please indicate AGES): _____

Private music lessons (if applicable): _____

Previous musical experience (if applicable): _____

Child's school (if applicable): _____

Principal's name: _____

Music instructor's name: _____

School activities: _____

Your church (if applicable): _____

Your pastor: _____

Your organist/choirmaster: _____

Is your family connected in any way with the military community at Scott AFB? _____

If so, how? _____

SIGNATURE of PARENT or GUARDIAN _____