

# Masterworks Children's Chorus Audition/Enrollment Form

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE \_\_\_\_\_

GRADE: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

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: \_\_\_\_\_  
(if applicable)

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? \_\_\_\_\_

\_\_\_\_\_

PARENTS OR GUARDIANS \_\_\_\_\_

(signature requested)