

Audition Information

Date: _____ Time: _____ Place: _____

(Parents: Please call Mrs. Bohn at 366-2353 to schedule a time and place for you child's audition)



Application

2010-2011

(Please Type or Print Clearly)

Applicant

Name: _____

Street: _____

City/State/Zip: _____

Telephone: _____

Male Female (check one) Age: _____ Date of Birth: _____



Custodial Parents - with whom the child lives

Name: _____ Relationship: _____ Occupation: _____

Work Telephone: _____ E-Mail Address: _____

Name: _____ Relationship: _____ Occupation: _____

Work Telephone: _____ E-Mail Address: _____

Non Custodial Parents - if any

Name: _____ Relationship: _____ Occupation: _____

School Information

School you attend: _____

Grade in School as of September 2010: _____

Musical Experience: (Choral, vocal, instrumental, dance) _____

Hobbies and other interests: _____

How did you hear about the Chautauqua Children's Chorale? _____

Signatures

"I hereby give permission for my child to audition for the Chautauqua Children's Chorale."

Parent's Signature: _____ Date: _____

Note: Please return this completed form to Marjorie Bohn, 59 Otter Street, Dunkirk, NY 14048