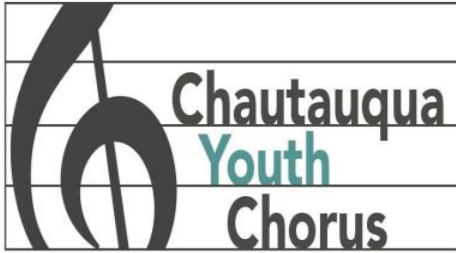


Audition Information

Date _____ Time: _____ Place: _____

(Parents: Please call Mrs. Bohn at 997-5653 or email marjoriebohn@gmail.com to schedule your child's audition)



Application

Please attach a snapshot or school picture if available

Applicant

Name _____

Street _____

City/State/Zip Code _____

___ Male ___ Female Age: _____ Date of Birth: _____

Custodial Parents – with whom the child lives

Name _____ Relationship _____ Occupation _____

Cell phone: _____ E-mail _____

Name _____ Relationship _____ Occupation _____

Cell phone: _____ E-mail _____

Non-Custodial Parents – if any

Name _____ Relationship _____ Occupation _____

School Information

School you attend: _____

Grade in school as of September 20____: _____

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

Signatures

“I hereby give permission for my child to audition for the Chautauqua Youth Chorus”

Parent's signature _____ Date _____