



# Toronto Beaches Children's Chorus Application Form

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

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade for Current Year: \_\_\_\_\_

Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E Mail: \_\_\_\_\_

School: \_\_\_\_\_

Other instruments you play or hobbies you enjoy:

\_\_\_\_\_

## Parents/Guardian Information:

Name(s): \_\_\_\_\_

Work or Cellular Phone: **W** \_\_\_\_\_ **C** \_\_\_\_\_

Alternate Address if applicable: \_\_\_\_\_

Any medical condition we should be aware of:

\_\_\_\_\_

Other concerns:

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

