

# WODEN VALLEY YOUTH CHOIR APPLICATION FOR MEMBERSHIP



## Chorister Information:

Family name:	Given names:
Date of birth:	Age:
School/University:	Year at School/University:
Address:	
Home Phone:	Mobile:

## Family Contact Details

Primary Contact Name:	Home Phone:
Relationship:	
Email:	Mobile:
Second Contact Name:	Home Phone:
Relationship:	
Email:	Mobile:

**Previous Musical Experience** (Instrumental or Voice lessons, musicianship, dance, other choirs, orchestras etc. Please give details and indicate level of attainment if applicable)

Performance Experience:

**Other relevant information?** (Learning difficulties, disabilities, medical problems, allergies etc)

From time to time photos and videos will be taken of the choir and individual choristers for the Choir's records and promotional purposes.

Do you consent to these photos being taken and used in this way?  Yes  No

I apply for membership of Woden Valley Youth Choir and, if my child is accepted, agree to be bound by the Constitution of the choir and accept responsibility for payment of all fees.

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

All information on this application form will be kept confidential and, if a place in the choir is not offered, the information will be destroyed.

Office use

Audition date: \_\_\_\_\_ \$10.00 Audition Fee Paid