



PROSPECTIVE CHORISTER INFORMATION

2017 - 2018 Season

DATE: _____

CHILD'S NAME: _____ DOB: _____ SEX: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PARENTS' NAMES: _____

DAY PHONE _____ EVENING PHONE _____ CELL _____

EMAIL: _____

SCHOOL: _____ GRADE (Fall 2017): _____

CURRENT OR PAST INSTRUMENT, VOICE OR DANCE EXPERIENCE (not required):

ARE YOU CURRENTLY PLAYING IN A BAND/ORCHESTRA OR SINGING IN ANOTHER CHORUS?

Name of group: _____ Director: _____

How did you find out about the Houston Children's Chorus?

Please send completed information to:

Houston Children's Chorus
P.O. BOX 66567
Houston, TX 77266-6567
Phone: (713) 650.3800 Fax: (713) 650.3390
Email: info@houstonchildren.org

This form and a \$50.00 registration fee are due in the HCC office before we can schedule an audition appointment. If you wish to charge your registration fee, please provide us with the following information.

CC # _____ Exp. Date _____ Security Code _____ Confirmation # _____

Name on Card _____ Date entered _____

Scholarships are available upon request and are based on financial need.

For Office Use Only :

Contacted: _____ Audition Date: _____ Time: _____

Registration Fee Paid: _____ Date: _____