

TUSCARAWAS PHILHARMONIC



Children's Chorus

Registration Form

Name: _____ Date of Birth ____/____/____ Age: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone: _____

Alt. Contact # : _____

Parents' E-mails: _____

Home Address: _____
(Street) (City) (Zip)

School District: _____ School: _____

Grade: _____ Current School Music Teacher: _____

Previous Musical Experience (*include private lessons, school choirs, band/orchestra, theater, etc.*):

How did you hear about the Tuscarawas Philharmonic Children's Chorus? (*i.e., Facebook, Newspaper, Radio, returning*):

Paid: _____ Cash Check#: _____ Scholarship _____