

# MORENO VALLEY MASTER CHORALE YOUTH INTERNSHIP APPLICATION

MORENO VALLEY MASTER CHORALE  
P.O. BOX 1221  
MORENO VALLEY, CA 92556-1221

(Please print clearly.)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_, CA \_\_\_\_\_  
(zip)

EMAIL ADDRESS: \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

ADDRESS (If different) \_\_\_\_\_  
\_\_\_\_\_

PARENTS' PHONES: \_\_\_\_\_

YEAR IN SCHOOL \_\_\_\_\_ VOICE PART YOU SING \_\_\_\_\_

Can you read music? YES NO A LITTLE

Do you play a musical instrument? Describe: \_\_\_\_\_  
\_\_\_\_\_

What musical training have you had? \_\_\_\_\_  
\_\_\_\_\_

What musicals have you performed?  
\_\_\_\_\_  
\_\_\_\_\_

Have you sung with any special groups? \_\_\_\_\_  
\_\_\_\_\_

What musical selection would you like to sing when you audition? \_\_\_\_\_  
\_\_\_\_\_