

MORENO VALLEY MASTER CHORALE

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

PLEASE PRINT CLEARLY.

I. MUSIC INSTRUCTOR/COUNSELOR RECOMMENDATION:

I recommend the following student as a responsible, and qualified applicant for the Moreno Valley Master Chorale Vocal Internship.

NAME of APPLICANT: _____

TEACHER SIGNATURE: _____ DATE: _____

II. PARENT/GUARDIAN PERMISSION FORM:

As the parent/guardian of _____,
(student's name)

I have read and explained the Moreno Valley Master Chorale's Internship guidelines to my child, and agree to abide by them. I also understand that my child will be attending rehearsals at Valley View High School on Monday nights from 7:00 to 9:00 P.M. during the full school year if he/she is an award winner. I know that all transportation must be provided to and from rehearsals and performances. I also agree that an adult will accompany my child if he/she is 16 years of age or younger for any rehearsals or performances he/she will be required to attend. I also agree to not hold the Moreno Valley Master Chorale liable for any accident that might happen to my child as a member of the Chorale when attending rehearsals or performances.

PARENT/GUARDIAN SIGNATURE _____

DATE: _____ PHONE: _____