

# 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 Award.

NAME of APPLICANT: \_\_\_\_\_

TEACHER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## II. PARENT/GUARDIAN PERMISSION FORM: (For students under 18)

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

I have read and explained the Moreno Valley Master Chorale's Internship applicant 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 to any rehearsals or performances he/she will be required to attend if he/she is under 16 years of age. 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: \_\_\_\_\_