

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? _____
