

MORENO VALLEY MASTER CHORALE YOUTH INTERNSHIP APPLICATION

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

(Please print clearly. If under 18, please provide parental information.)

NAME: _____ DATE: _____

BIRTHDAY: _____ PHONE: _____

ADDRESS: _____

CITY _____, CA _____
(zip)

EMAIL ADDRESS: _____

PARENTS' NAMES (If under 18) _____

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: _____

Describe any musical training you have had. _____

Have you performed in any musicals or school choirs, etc.?

Have you sung with any other groups? _____
