

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

(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: (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 the **Shepherd of the Valley Lutheran Church on Monday nights from 7:00 to 9:00 P.M.** during the school year, if he/she is chosen as an intern. I know that all transportation must be provided to and from rehearsals and performances for my child, and that an adult must 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: _____