



**Please complete this form, print it and bring it with you to your audition.
If you cannot print it please email to info@ottawachildrenchoir.ca**

Chorister's Name: _____

Sex (M/F): _____

Age: _____ Date of Birth: _____ Grade: _____
(as of Sept. 1, 2011) (MM /DD/YYYY) (as of Sept. 2011)

School: _____
(as of Sept 2011)

Parent(s) Name(s): _____

Address: _____

City / Area: _____ Postal Code: _____
(e.g. Ottawa, Orleans, Kanata, Metcalfe)

Home Telephone Number: _____

If your child divides time between two households, please provide additional address

Parent(s) Name(s): _____

Address _____

City / Area: _____ Postal Code: _____
(e.g. Ottawa, Orleans, Kanata, Metcalfe)

Email addresses: (please provide only those used on a regular basis)

1) _____

2) _____

3) _____

Telephone: Work _____ Cell _____ (Parent)

Work _____ Cell _____ (Parent)

Emergency Contact: Name _____

Phone _____

Current membership in other musical organizations (choir, etc.)? _____

Private lessons? How long? _____

How did you hear about this audition? _____

Why do you want to join the Ottawa Children's Choir? _____

