

Central Massachusetts Show Choir Clinic ENROLLMENT APPLICATION

NAME _____ M _____ F _____

SCHOOL _____ AGE _____ GRADE (as of Sept) _____

ADDRESS _____
STREET CITY STATE ZIP

EMAIL ADDRESS _____

CONTACT PHONE NUMBERS _____
HOME WORK
_____ *CELLULAR OTHER*

EMERGENCY CONTACT #1 _____ PHONE _____

EMERGENCY CONTACT #2 _____ PHONE _____

PERFORMER'S T-SHIRT SIZE: *Child - M Child - L Adult - S Adult - M Adult - L Adult - XL*

VOICE PART (IF KNOWN) *SOPRANO ALTO TENOR BARITONE BASS Not Sure*

PLEASE LIST ALLERGIES OR MEDICAL CONDITIONS:

PLEASE LIST ANY EXPERIENCE, TRAINING, OR ABILITY:

ARE THERE ANY SPECIAL WORKSHOPS OR TOPICS YOU WOULD LIKE TO SEE INCLUDED?

CENTRAL MA SUMMER SHOW CHOIR CLINIC
REGISTRATION FEE: \$150
Checks payable to **SHRHS Music**

Send to:
Becky Bussiere, Shepherd Hill Regional High School
68 Dudley-Oxford Road, Dudley, MA 01571

Please complete and return by July 1st

Contact information:
(508) 943-6700 ext 182
Bussiere, Becky (bbussiere@dcrsd.org)

I would like my child to be a part of the Central MA Summer Show Choir Clinic. I understand that the program fee of \$150 must be paid in full before my child is allow to participate.

Participant Signature

Parent / Guardian Signature