

# Central Massachusetts Show Choir Clinic ENROLLMENT APPLICATION

NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

SCHOOL \_\_\_\_\_ AGE \_\_\_\_\_ GRADE (Sept 2017) \_\_\_\_\_

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: \$125

Checks payable to **SHRHS Music**

Send to:

Connie Galli, 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

Galli, Constance (cgalli@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 \$125 must be paid in full before my child is allow to participate.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent / Guardian Signature