

# St. William Children's Choir

*Choral Hearing Form 2017-2018 Season*

## Prospective Member Information

Name: \_\_\_\_\_ Instrument: \_\_\_\_\_  
*(Last)* *(First)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School District: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday (MM/DD) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # : \_\_\_\_\_

Relationship: \_\_\_\_\_

Please let us know of any food allergies, medical and health problems:

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## Parent(s) Information

Father's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell#: \_\_\_\_\_ Text available? Y N

Mother's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell#: \_\_\_\_\_ Text available? Y N