

# Brevard Youth Chorus

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## APPLICATION

Name: \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Parent's e-mail address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's name: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Employer: \_\_\_\_\_

Years participated in chorus: School \_\_\_\_\_ Church/Synagogue \_\_\_\_\_

Private teacher: \_\_\_\_\_ Telephone: \_\_\_\_\_

**IF YOU ARE A MEMBER IN GOOD STANDING OF YOUR SCHOOL'S CHORAL MUSIC PROGRAM, PLEASE FILL OUT THE NEXT SECTION OF THE APPLICATION.**

Name of Class: \_\_\_\_\_ Instructor: \_\_\_\_\_

Instructor's signature: \_\_\_\_\_

Check here if your school does NOT have a choral music program: \_\_\_\_\_

**I understand that membership in the Brevard Youth Chorus involves attendance requirements and tuition payments.**

Student's signature: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

\_\_\_\_ I wish to apply for need-based tuition assistance with Brevard Youth Chorus.

\_\_\_\_\_ Do not write below this line \_\_\_\_\_

### **For office use only**

Audition scheduled: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Accept \_\_\_\_ Decline \_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_ Sop 1 \_\_\_\_ Sop 2 \_\_\_\_ Alto \_\_\_\_

Theory Book \_\_\_\_\_