Capital Arts Children’s Choir

Angelic Voices

Name of child ..........................................................................................

Name of parent(s) ..........................................................................................

Address ..........................................................................................

..........................................................................................

Phone Numbers .......................................................................................... Home

.......................................................................................... Mobile

Email address .......................................................................................... Write clearly

Date of birth ..........................................................................................

Name of school ..........................................................................................

Address of school ..........................................................................................

Local authority ..........................................................................................

Singing exams passed ..........................................................................................

Drama exams passed ..........................................................................................

Dance exams passed ..........................................................................................

Musical instruments studied ..........................................................................................

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Musical Activities/Experience ..........................................................................................

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**FOR OFFICE USE ONLY**

Audition Date ..........................................................................................

Audition Time ..........................................................................................

Information Confirmed ..........................................................................................

Confirmation Sent ..........................................................................................

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**AUDITION COMMENTS**

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