



Choral Music at Miles College

(Miles College Choir, Golden Voices, Voices of Miles)

Name: _____ SS# _____ - _____ - _____

Address: _____
(Street) (Apt#) (City) (State) (Zip)

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address Date of Birth Age

Name of High School Presently Attending:

Address: _____
(Street) (City) (State) (Zip)

Name of Choral Director: _____

Phone: (____) _____ School Phone: (____) _____

Vocal Part: Soprano ____ Alto ____ Tenor ____ Bass ____ (*Please check one*)

Please indicate your total years of choral singing experience: _____

Do you play an instrument? ____ If so, which instrument? _____

Do you read music? _____

Parent/Guardian Name: _____

Address: _____
(Street) (Apt#) (City) (State) (Zip)

Phone: (____) _____

Signature _____ Date: _____

If under 18, parent or guardian must sign