



Application Form  
(For official use only)

**SINGER INFORMATION**

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PREFERRED PHONE:

SECOND PHONE:

DATE OF BIRTH:

EMAIL ADDRESS:

SECOND EMAIL ADDRESS

PARENT/GUARDIAN NAMES

NAME OF SCHOOL

LIST YOUR SINGING  
EXPERIENCE:

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DO YOU CURRENTLY SING IN A  
CHOIR:

WHAT  
INSTRUMENTS  
DO YOU PLAY,  
IF ANY?

HOW LONG HAVE YOU TAKEN  
LESSONS? FROM WHOM?

IN WHAT EXTRA-CURRICULAR  
ACTIVITIES ARE YOU PLANNING  
TO PARTICIPATE THIS YEAR?

PLEASE LIST DAYS AND TIMES  
OF PRACTICES:

COMMITMENT IS ESSENTIAL TO  
THESE TALENTED GROUPS OF  
SINGERS. ARE YOU WILLING TO  
MAKE A FIRM COMMITMENT TO  
ATTEND WEEKLY REHEARSALS?

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WHAT SPECIAL TALENTS AND  
SKILLS DO YOUR PARENTS  
HAVE? PLEASE LIST THEM HERE  
(PLAY PIANO OR OTHER  
INSTRUMENT, SEWING,  
COMPUTER SKILLS,  
LEADERSHIP, FUNDRAISING,  
OTHER SKILLS):

PLEASE LIST ANY OF THE  
SINGER'S MEDICAL  
CONDITIONS OF WHICH RVYC  
SHOULD BE AWARE (PEANUT  
ALLERGIES, BEE STING  
SENSITIVITY, MOBILITY ISSUES,  
ETC.):

HOW DID YOU HEAR ABOUT  
RVYC?

IS THERE ANYTHING ELSE YOU  
WANT TO TELL US?

PARENTS, WE CONTINUE TO  
GROW BECAUSE YOU ARE  
INVOLVED. PLEASE INDICATE  
HOW YOU WOULD BE ABLE TO  
PARTICIPATE IN KEEPING RVCA A  
STRONG ORGANIZATION:

I CAN HELP IN THE FOLLOWING  
WAY(S):

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