TUSCARAWAS PHILHARMONIC

Children's Chorus

Please send registration form to TPCC@TUSCPHIL.ORG

Registration Form

Name: _____ Date of Birth ____/____/_____ Age:_____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone: _____

T-shirt Size: Youth SM Youth MD Youth LG Youth XL

Adult SM Adult MD Adult LG Adult XL Adult 2XL

Parents' E-mails: _____ _____

Home Address: _____

(Street) (City) (Zip)

School District: _____School: _____

Grade: _____ Current School Music Teacher: _____

Previous Musical Experience (*include private lessons, school choirs, band/orchestra, theater, etc.*):

_____

_____

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_____

How did you hear about the Tuscarawas Philharmonic Children's Chorus? (*i.e., Facebook, Newspaper, Radio, returning*):

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