

# Small World Chorus

## Application Form

Please return completed form to Rachel Kawilarang at rachelplo99@gmail.com

by August 26, 2018.

Full Name: \_\_\_\_\_ Gender: M F

Grade for 2018-2019 School year: \_\_\_\_\_ Age: \_\_\_\_\_

Birthday: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

(Choir announcements will be sent through email. Please be sure to check it!)

Fee: \$50 for 1st child / \$30 for additional child in the same family

Parent/Guardian Signature: \_\_\_\_\_

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(Church Use Only)

Date Received: \_\_\_\_\_

Cash: \_\_\_\_\_ Check: \_\_\_\_\_