



# APPLICATION

BrevardYouthChorus@gmail.com  
321.610.8731

Student Information			
Student Name:		Gender:	
Address:		Date of Birth:	
City/ZipCode:		Current Age:	
School:		Grade:	

Parent/Guardian Information			
Email:		Home Phone:	
Parent/Guardian Name(s):		Cell Phone:	

Choral Experience Information			
Years in School Chorus:		Years in Church/Synagogue Chorus:	
Private Teacher Name (if applicable):			
Private Teacher Contact Information:			
<b>If you are currently participating in your school's choral music program, please provide this information:</b>			
Name of Class:		Instructor:	
Check here if your school does NOT have a choral music program:			

**I understand that membership in the Brevard Youth Chorus involves attendance requirements and tuition payments.**

Student's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

*I wish to apply for need-based tuition assistance with Brevard Youth Chorus.*