

# CANADIAN CHILDREN'S OPERA COMPANY

## APPLICATION FOR ADMISSION

(Please print throughout)

Please complete and mail or fax this application to:  
227 Front Street East, Toronto, ON M5A 1E8 Phone: 416-366-0467 Fax: 416-366-9204

New Applicant: \_\_\_\_\_

Years in: PC \_\_\_\_\_ IC \_\_\_\_\_ AC \_\_\_\_\_ Ruby \_\_\_\_\_ YC \_\_\_\_\_

### APPLICANT PROFILE

Name Male      Female  
Address City      Province      Postal Code  
Phone Date of Birth (day/month/year)      Age on September 1, 2009  
Languages with which you are familiar

### TRAINING/EXPERIENCE

Name of day School Grade      Phone

Address and/or closest major intersection

School and/or Private Music Teacher

Musical Instruments Studied

Musical Activities/Experience

Awards and Honours (Musical, speech, and/or drama, etc.)

Extracurricular Activities

Why I want to join the CCOC

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## PARENT/GUARDIAN CONTACT INFORMATION

(A) Last Name	First Name	(B) Last Name	First Name
Home Address (if different from chorister)		Home Address (if different from chorister)	
Employer		Employer	
Job Title		Job Title	
Business Address		Business Address	
Business Phone		Business Phone	
Home/Office Fax		Home/Office Fax	
Cell/Pager/Email		Cell/Pager/Email	

## AUDITIONS

Please indicate your availability for auditions.

Weekday evenings

Saturday morning

Saturday afternoon

### FOR OFFICE USE ONLY

Audition Date _____	Chorus Level _____
Audition Time _____	Vocal Section _____
Information Confirmed _____	Audition Comments _____
Confirmation Sent _____	_____