

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: Returning Chorister Years in CCOC: RC AC IC PC YC

APPLICANT PROFILE

Name _____ Male _____ Female _____

Address (and closest intersection)

Phone _____ Date of Birth (dd/mm/yy) _____

E-mail Address(es) _____

Languages with which you are familiar _____

TRAINING/EXPERIENCE

Name of day school (2010 - 2011) _____ Grade _____ Phone _____

Closest major intersection (to school) _____

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

<u>Mother (or Guardian)</u>		<u>Father (or Guardian)</u>	
Last Name	First Name	Last Name	First Name
Home Address & Tel. No. (if different from chorister)		Home Address & Tel. No. (if different from chorister)	
Mobile Phone		Mobile Phone	
Employer		Employer	
Job Title		Job Title	
Business Address		Business Address	
Business Phone		Business Phone	
Home/Office Fax		Home/Office Fax	
Additional E-mail Address		Additional E-mail Address	

FOR OFFICE USE ONLY

Audition Date _____

Chorus Level _____

Audition Time _____

Vocal Section _____

Information Confirmed _____

Audition Comments _____

Confirmation Sent _____
