

Summer Youth Honors Chorus



Student Information

Name	
Choral Director Name	
School Name	
Number of Years in Choir	
Age	
Gender	

Vocal Part

Soprano Alto Tenor Baritone/Bass

Grade Entering for the 2017-2018 School Year

7th 8th 9th

Medical Concerns or Allergies

*If there are allergies, please send the necessary medications with the student labeled with the student's name.

Person to Notify in Case of Emergency

Name	
Relationship to Student	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
General Doctor	
Dentist	
Preferred Hospital	

Please fill out and print this form, then submit it at check-in on first day of camp.