

## Chorus Angelorum Student Information Form

Name of choir participant: \_\_\_\_\_

Age: \_\_\_\_\_

Name of Parents/Guardian: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

### Emergency Information

Emergency Contact 1: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteers are always welcome!

Would you be interested in helping with Choir Parent Volunteering? **Y or N**

If yes,

Name:

email:

---