

Catskill Choral Society

DOX APPRENTICESHIP APPLICATION FORM

Your Name		Date
Your Mailing Address		
Your Home Phone number		
Your Cell Phone Number		
Email address		
Your School and grade level		
Your Vocal Part		
Briefly list your musical experiences: (Singing groups, bands, musical productions, vocal or instrumental instruction, etc.)		

Please identify a music professional who is familiar with your musical ability, (school choir or church choir director, for example), whom we may contact for a reference:

Reference Name	
Email address	
Phone Number	

Please continue on the back of this page

Catskill Choral Society

Why would you like to be chosen for the Apprenticeship Program?

Statement of Commitment

I understand that participation in this program requires a firm commitment to attend all scheduled rehearsals, perform in the scheduled concerts, and participate in private voice lessons for the semester of participation.

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

MAIL APPLICATION TO:

Catskill Choral Society Dox Program

PO Box 135

Oneonta, NY 13820

Or submit via e-mail to: CCS@Catskillchoralsociety.com

Questions? – call (607) 431-6060