

Catskill Choral Society
Dox Apprenticeship Program –
Application

Students name: _____

Mailing address: _____

Phone: _____

e-mail: _____

School attending: _____

Music teacher: _____

Current School grade: _____

Vocal Part: _____

List Musical Experience: (Singing groups, bands, musical productions, vocal or instrumental instruction, etc.)

(Application continues on side 2)

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

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: _____

Contact information: email: _____ phone: _____

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

Parent/Guardian signature

Date: _____

MAIL APPLICATION TO:

Catskill Choral Society

P.O.Box 135

Oneonta, NY 13820

Or submit via e-mail – dox@catskillchoralsociety.com