



# C.H.O.I.R. STARS



For the Creative and Performing Arts

## REGISTRATION FORM

DATE: \_\_\_\_\_

### Personal Information

Full Name (First, Middle, Last) \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Contact Information

Home phone: (    ) \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_

Work phone: (    ) \_\_\_\_\_ Email address: \_\_\_\_\_

Chronic illness: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

### Personal Interests

Previous arts experience (circle all that apply):

Dance      Theatre      Writing      Art      Music

Interest in program (circle all that apply):

Dance      Theatre      Writing      Art      Music