

Poughkeepsie Boys Choir

APPLICATION

Name of Child _____
Last First M.I.

Date of Birth _____

What school are you attending? _____

Grade entering in the fall: _____

How many people reside in your household? _____ Children under 18 _____ Individuals over 18 _____

Parent/Guardian Name _____
Last First

Home address _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Have you sung before? _____ Where? _____

Do you play a musical instrument? _____ What instrument? _____

How long have you played this instrument? _____ months/years Can you read music? _____

Please call for audition and rehearsal schedules: 845.473.2272

**Please return application to: Catharine Street Community Center
69 Catharine Street
Poughkeepsie, NY 12601**