



**COLUMBIA CHOIRS CHILDREN'S CHOIR FESTIVAL  
APPLICATION FORM**

**MAIL TO: Columbia Choirs, 4210 216th St SW, Mountlake Terrace WA 98043  
Tuition Fee MUST accompany this form**

**[please print clearly]**

Singer's Name \_\_\_\_\_  
(use name desired for program listing and name tag)

School/Home School Coop \_\_\_\_\_ Location:  **Auburn**  **Mill Creek**  **Redmond**

Current/Equivalent Grade in School \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Sex:  M  F

Parent/Guardian \_\_\_\_\_ Daytime Phone (\_\_\_\_)\_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_)\_\_\_\_\_ Fax# (\_\_\_\_)\_\_\_\_\_

Parent's Email \_\_\_\_\_

Registrations will be accepted on a first-come, first-served basis until the session is full. **Early registration is encouraged.** Confirmation notices will be e-mailed, faxed or mailed as soon as we receive your information. Registration deadline is one week prior to the start of rehearsals.

**Emergency Notification Persons, if parents cannot be reached (please list two):**

Name and Telephone Number \_\_\_\_\_

Name and Telephone Number \_\_\_\_\_

Name of Physician \_\_\_\_\_ Telephone # (\_\_\_\_)\_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group# \_\_\_\_\_

Please list any special health problems (including allergies) and any medications currently taken:

\_\_\_\_\_

**MEDICAL RELEASE** In the unlikely event that my child becomes ill or is injured and I or the authorized physician named above cannot be reached at the time of an emergency, and if, in the judgment of the staff of the Columbia Choirs, immediate observation or treatment is necessary, I authorize and direct the staff to send my child (properly accompanied) to the hospital or physician most easily accessible. I release the Columbia Choirs, festival organizers, their employees and agents from any claim of liability in connection therewith.

Parent/Guardian's Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Please print your name: \_\_\_\_\_

**\*\*\*\*\* SCHOOL MUSIC TEACHER/MUSIC EDUCATOR USE ONLY \*\*\*\*\***

**Music Teacher's Name** \_\_\_\_\_  
(Please print or type as it should appear in the program)

**School Name:** \_\_\_\_\_ **District** \_\_\_\_\_

**School Phone:** (\_\_\_\_)\_\_\_\_\_ **Ext** \_\_\_\_\_ **Teacher's e-mail:** \_\_\_\_\_

**I RECOMMEND THE ABOVE STUDENT** \_\_\_\_\_  
(Music Teacher's Signature)

For office use only: Pmt received      Check #      Date      Schl Req      Schl Awd      Pmt Due