 Find Your Voice

Young Women in Harmony Workshop

SCHOOL / GROUP APPLICATION FORM

*School/Organization: Date:*

*Instructor: Work/School Phone:*

*Cell phone: Email:*

*School Address: (where program materials will be mailed/delivered)*

*City/State: ZIP:*

*Name Badges and t-shirts will be provided for Students and Choral Directors.*

*Available sizes are: XS S M L XL XXL 3XL 4XL*

*Please indicate voice part of Tenor, Lead, Baritone, or Bass for each student. (\*\*You may refer to “Voicing” on “Introduction to Barbershop Harmony” enclosure to determine voice part).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Participant** | **Name PLEASE PRINT** | **Grade** | **Vocal Part \*\*(Tenor, Lead, Bari, Bass)** | **T-Shirt**  **Size** | **Paid $20?** |
| **Choral Director** |  |  | **-----** |  | **-----** |
| **Chaperone, as needed\*** |  |  | **-----** | **-----** | **-----** |
| **1.Student** |  |  |  |  |  |
| **2.Student** |  |  |  |  |  |
| **3.Student** |  |  |  |  |  |
| **4.Student** |  |  |  |  |  |
| **5.Student** |  |  |  |  |  |
| **6.Student** |  |  |  |  |  |
| **7.Student** |  |  |  |  |  |
| **8.Student** |  |  |  |  |  |
| **9.Student** |  |  |  |  |  |
| **10.Student** |  |  |  |  |  |
| **11.Student** |  |  |  |  |  |
| **12.Student** |  |  |  |  |  |

**\*\*Make additional copies of this form as needed. Please Mail or E-mail this form to: Sheryl Neal, Harmony Central Chorus, 901 44th Street, West Des Moines, IA 50265** [**FindyourvoiceHCC@gmail.com**](mailto:FindyourvoiceHCC@gmail.com) **REGISTRATION DEADLINES-EARLY: December 6, 2019. FINAL: Jan 15, 2020 IMPORTANT NOTICE:** Please do not share music you download for students. Harmony Central Chorus will purchase copies based on the number of registrations for your students. If you download additional copies for class use by non-registrants, please let us know the total number of copies you are using. Please call Sheryl at 515-360-1505 with any questions.