



Application Form

Return form with payment by
WEDNESDAY, SEPTEMBER 28, 2011

Second Annual High School Choral Leadership Workshop Saturday, October 22, 2011

DIRECTOR/SCHOOL INFORMATION

School Name: _____

Mailing Address: _____

Director's Name: (Miss/Mrs./Ms./Mr.) _____ # Years at School: _____

Telephone with area code: _____

Work: _____ Mobile: _____ Fax: _____

E-mail: _____

SINGER NAMES QUARTET ONE

Soprano: _____ Alto: _____

Tenor: _____ Bass: _____

SINGER NAMES QUARTET TWO (optional)

Soprano: _____ Alto: _____

Tenor: _____ Bass: _____

T-SHIRTS

One t-shirt per paid participant is included. Additional t-shirts are \$10 each. Indicate quantity of each adult size:

Small: _____ Medium: _____ Large: _____ X-Lg: _____ XX-Lg: _____ Total t-shirts: _____

COST

Number of quartets: _____ x \$125 = _____

Choir Director: _____ x \$ 10 = _____

Additional t-shirts (if any) _____ x \$ 10 = _____

Total amount due with application: _____

Checks payable to: *Los Robles Master Chorale*

Send to:

Los Robles Master Chorale

HS Choral Leadership Workshop

1965 Yosemite Avenue #110

Simi Valley CA 93063

FAX: 805.529.5795

INFORMATION

Karen Listick 818 519.1763 (9am-9pm) klistick@losroblesmasterchorale.org www.losroblesmasterchorale.org