

**RED ROSE CHILDREN'S CHOIR OF LAKE COUNTY
AUDITION INFORMATION FORM**

Child's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address (**that is checked regularly**): _____

Birth Date: _____ Grade in 2008-2009: _____ School: _____

Father's Name: _____

Mother's Name: _____

Please list instruments your child plays or other musical experiences: _____

List any children you know currently in Red Rose: _____

How did you hear about RRCCLC? _____

List any known conflicts you may have with choir rehearsals: _____

Is there anything else we should know about your child? (health, special needs, etc.) _____

____ I need a scholarship application sent with my registration packet. This information is strictly confidential between you and the Executive Director.

Mail this form to:

Red Rose Children's Choir of Lake County
P.O. Box 7712
Libertyville, IL 60048

847-548-8432 * rrcclc97@sbcglobal.net * www.rrcchoir.org