



application form



SECTION A - CHILD'S DETAILS

| | | |
|---|---------------|----------------------|
| Surname | | Given/preferred name |
| Gender | Male / Female | Date of birth |
| Postal address | | |
| | | Post code |
| Home phone | | Mobile phone |
| Email address for distribution of notices and newsletters | | |
| Please list any medical condition affecting your child | | |

SECTION B - PARENT/GUARDIAN DETAILS

| Father/male guardian | Mother/female guardian |
|----------------------|------------------------|
| Surname | Surname |
| Given Name | Given Name |

SECTION C - FEES

I agree to pay all fees as they become due. Any classes missed by the teacher will be made up. Lessons missed by the child will be forfeited.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Queensland Youth Choir Inc

ABN 54 220 860 947
Old Museum Building
Gregory Tce Bowen Hills Qld 4006
PO Box 740 Fortitude Valley Qld 4006
Phone 07 3257 4905
Fax 07 3257 4906
Email admin@qldyouthchoir.com.au
Web www.qldyouthchoir.com.au