

Musica Sacra - High School Choral Apprentice Program

STUDENT APPLICATION & COMMITMENT FORM

Student Participant Name *

This is the name that will be listed in the concert program.

Cell Phone *

Area Code

Phone Number

Mailing Address *

Street Address

Other Phone

Area Code

Phone Number

City

State / Province

Email *

Postal / Zip Code

example@example.com

School Name *

Grade Level *

Voice Part *

Enter "N/A" if you do not attend a traditional high school program, or are being taught at home.

Briefly tell us about your previous singing experience, including any voice lessons/training. *

Please tell us why you are interested in participating in this program. *

APPLICATION CONTINUES ON THE NEXT PAGE. Please PRINT and mail completed applications to: Musica Sacra, PO Box 43122, Cincinnati, OH 45243, or SAVE the filled PDF and email to: info@musica-sacra.org.

STUDENT REFERENCE

In the spaces below, enter the contact information for the HS Music Teacher, Other Choir Director, Voice Coach/Teacher or other non-family adult who will submit the required recommendation letter.

Reference First & Last Name *

Reference Relationship to You *

Reference Email *

Reference Phone Number *

STUDENT STATEMENTS OF COMMITMENT

- I commit to attending all scheduled rehearsals on time, and to arriving promptly at the stated call times for both the Dress Rehearsal/Sound Check and the Concert.
- I commit to utilizing the practice aids and any home study materials provided to me, and commit to doing my part to learn and practice the music between rehearsals.
- I commit to maintaining standards of self-control, respectfulness and decorum that is to be expected when rehearsing and performing in a house of worship.
- I commit to giving the director my full attention, to refrain from engaging in distracting behaviors, including cell phone use, while others are working.

Retype Student First & Last Name *

Student Signature & Date *

PARENT/GUARDIAN ACKNOWLEDGEMENT & CONSENT

Participants under the age of 18 must have Parent/Guardian consent to participate in this program. By signing below, the Parent/Guardian acknowledges that they have read and understand the 2023 HS Parent/Guardian Information sheet [LINKED HERE](#), and consent to allow the above-named student to participate in this program.

Parent / Guardian First & Last Name

Parent / Guardian Signature & Date

Parent / Guardian Email

Parent / Guardian Phone