

PHILADELPHIA GIRLS CHOIR

Audition Form

Bring this to the audition OR give to your school music teacher ASAP

I, (parent/guardian name) _____, grant permission
for my child, (child's name) _____,
to audition for the Philadelphia Girls Choir.

SIGNATURE: _____

Preferred Phone: _____

Email (required): _____

Street Address: _____

City: _____ State: _____ Zip: _____

School Name: _____

School District: _____