

DATE \_\_\_\_\_

**THE LITTLEST ANGELS TRAINING CHORUS APPLICATION**  
(Please print carefully)

<b>Child's Last Name</b>	<b>First Name</b>	<b>Home Phone</b>	
<b>Home Address</b>	<b>City</b>	<b>Zip</b>	
<b>School</b>	<b>City</b>	<b>Zip</b>	<b>Grade</b>
<b>Date of Birth</b>	<b>Male/Female</b>	<b>Age</b>	
<b>Parent/Guardian Last Name</b>	<b>First Name</b>		
<b>Phone</b>	<b>E-Mail Address</b>		

To reserve a place for your child in The Littlest Angels Training Chorus, please fill out the above application and return to me BEFORE January 25, 2017 at:

Kay Eversole, Littlest Angels Administrator  
The Singing Angels  
3615 Euclid Avenue #4  
Cleveland, OH 44115