



DATE _____

THE LITTLEST ANGELS TRAINING CHORUS APPLICATION

(Please print clearly)

Child's Last Name	First Name	Home Phone
-------------------	------------	------------

Home Address	City	Zip
--------------	------	-----

School	City	Zip	Grade
--------	------	-----	-------

Date of Birth	Male/Female	Age
---------------	-------------	-----

Parent/Guardian Last Name	First Name
---------------------------	------------

Phone	E-Mail Address
-------	----------------

To reserve a place for your child in The Littlest Angels Training Chorus, please fill out the above application and return **before September 11, 2017** either via email at carol@singingangels.org or by mail at:

Carol Thompson, Littlest Angels Administrator
The Singing Angels
3615 Euclid Avenue, #4
Cleveland, OH 44115