



CANAAN CHRISTIAN ARTS MINISTRY

MUSIC APPLICATION

Name _____ Male Female

Address _____

City/State/Zip _____

Birth Date/Age _____ Day Telephone _____ Night Telephone _____ E-mail _____

Area of Study _____

Name of Emergency Contact _____ Relationship _____ Day Telephone _____ Night Telephone _____

Health Insurance Coverage Yes No Please list any allergies. _____

Please describe your music background. _____

Do you take private voice lessons? Yes No Do you sing in your school choir? Yes No Do you attend acting classes? Yes No

Signature of Student _____ Date _____

To be completed by the parent or guardian of applicant

Parent's or Guardian's Name _____

Address _____

City State Zip _____

Telephone Home _____ Work _____ Cell _____ E-mail _____

Signature of Parent or Guardian _____ Date _____

**Please mail, fax or email application to: Canaan Christian Arts Ministry,
Renée K. Robinson-Way ~ Director of Music
5430 Pulaski Avenue, Philadelphia, PA 19144 ~ 215-848-2711 studio ~ 215-848-5911 fax ~ canaanarts@gmail.com**