



Girl Scouts of Nassau County Chorus Application

Name: _____

Address: _____

Home Phone: _____

E-mail 1: _____

E-mail 2: _____

Name of School: _____

Current Grade: _____ Current Age: _____ Date of Birth: _____

Are you currently a member of a Girl Scout Troop? _____ Troop # _____

Are you a registered Girl Scout for the upcoming Girl Scout year? _____

Do you have a sister currently in the Chorus? _____ Name: _____

Parent(s)/Guardian Name(s): _____

Contact information for Parent(s)/Guardian (if different from above): _____

Do you sing in any other chorus, choir or group (e.g., school, church, temple, etc.)?

Yes _____ No _____

If yes, what kind of group and for how long? _____

Do you take voice lessons? Yes _____ No _____

If yes, how often and what kind of lessons: _____

On a scale of 0 to 10 (0 - not at all, 10 - really well), do you know how to read music? It is okay if you do not read music. 0 ... 1 ... 3 ... 4 ... 5 ... 6 ... 7 ... 8 ... 9 ... 10

Do you play a musical instrument? Yes _____ No _____

If yes, what instrument? _____