



Please email completed form to info@bcvocalistsociety.com

IMPORTANT STUDENT INFORMATION

First Name: _____

Last Name: _____

Please specify age if the registrant is under 19: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____

Phone: _____

Email: _____

Vocal experience (choir, voice lessons, workshops, etc.): _____

What genre(s) of music do you like to sing, please specify: _____

Music Theory Knowledge, Beginners, Intermediate, Advanced: _____

Do you play any instruments, if yes please specify: _____

Are you interested in performing at one of the Student Workshop Performance evenings?

Are you interested in performing in the Sunday Concert?

NB. Students are asked to bring 1-2 performance ready songs and 1-2 (in the works) songs