



2018 Young Men's Harmony Festival

Application Form

Please copy and complete **both pages** of this application form (**print clearly in ink**) for each applicant.

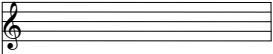
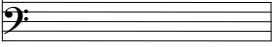
Applicant's name: _____ Date of birth: ____/____/____

Address: _____
Number & Street City State Zip Code

Home phone: () _____ Year in school (circle one): 6 7 8 9 10 11 12

E-mail address (if any) _____

Height (feet / inches): _____ T-Shirt size (circle one): S M L XL XXL XXXL

Preferred voice part (circle one): Tenor Lead Baritone Bass Range: 
Second choice (circle one): Tenor Lead Baritone Bass 

School Name: _____

School Address: _____
Street City State Zip Code

Director's name: _____ Daytime phone number: () _____

Director's E-mail address: _____

Applicant's Statement of Obligation

I understand that if I am accepted as a singer in this Festival, I will be prepared musically, mentally and physically at the rehearsal and performance, and I will represent my school with appropriate conduct.

Applicant's signature: _____ Date: _____

Early Application Fee (by Nov. 10): \$25 **Late Application Fee** (after Nov. 10): \$30

Return this application, the parental permission/emergency medical form and the non-refundable application fee (cash, personal check, school check or money order payable to "Masters of Harmony") to:

Mark Freedkin
3 Muir
Irvine, CA 92620-3374

IMPORTANT: Any applications that do not include payment will be placed on a waiting list, but will not be confirmed until payment is received.

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Parental Permission & Emergency Medical Form

_____ has my permission to participate in the Harmony Festival
Participant's Name

on Saturday, February 10, 2018 and I hereby authorize the festival coordinators to arrange for any necessary medical treatment in the event of a medical emergency. I hereby grant permission to use my child's likeness in a photograph/video in any and all of its entities and publications, including web-site entries, without payment or any other consideration concerning this event.

_____ (_____) _____
Parent or Guardian (please print clearly) Phone Number Date

The participant will be traveling to and from the event with (check one):

Parent or Guardian _____
signed (parent or guardian)

Choral Music Teacher _____
signed (choral music teacher or other school-authorized personnel)

Other Adult Supervision _____
signed (responsible adult driver)

Student is authorized to drive by himself _____
signed (parent or guardian)

Special Medical Information (optional) - If you need to make us aware of any special medical conditions:
