donegal
music
education
partnership

etb

Application to join: DONEGAL YOUTH CHOIR 2015-2016

Name: .....

Address: .....

.....

Date of Birth .....

Parent/Guardian name :.....

Home phone no: .....

Parents/ Guardian Mobile number: .....

Own Mobile No: .....

Email (Parent's email if under 18):

.....

School/College attending: .....

MUSIC INFO:
Are you: (please circle)

Soprano Alto Tenor Bass Don't know

Do you read music? .....

Have you attended voice lessons? (If Yes, please give the number of years and/or grade obtained)

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Have you experience of singing in a choir?(If Yes, give details)

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Donegal Music Education Partnership
Regional Cultural Centre, Port Road, Letterkenny, Co. Donegal
Website: www.dmep.ie
Tel: (074) 917 6293 **Email:** musiceducation@donegaletb.ie