

“Talent Blossoms in Orange”

Vocal Workshop Application

For grades 3rd–6th

Must reside within the boundaries of the OUSD

Please PRINT clearly in ink/no pencil

Name: _____ Boy: _____ Girl: _____

Date of Birth: _____ Grade: _____ School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Family Email: _____

Mother's Name: _____ Mother's Cell Phone: _____

Father's Name: _____ Father's Cell Phone: _____

Guardian's Name: _____ Guardian's Phone: _____

Please indicate previous performance experience or instruments played: _____

CIRCLE T-SHIRT SIZE: YS YM YL YXL AS AM AL AXL AXXL

I WOULD LIKE TO MAKE A DONATION TO STUDIO ORANGE

ENCLOSED IS ___\$2 ___\$5 ___\$10 ___\$20 ___ OTHER (Checks payable to the Community Foundation of Orange)

Registration Opens August 15th, 2011

Please submit this Registration Form by October 14 to:

Community Foundation of Orange
Studio Orange

940 W. Chapman Ave., Suite 204
Orange, CA 92868

I hereby give permission for my child _____ (name) to participate in Studio Orange's "Talent Blossoms in Orange" workshop. I authorize CFO or its designates to seek medical attention for my child in the event of an emergency. I hereby release CFO, Studio Orange, Rancho Santiago Community College District, OUSD, City of Orange and all other participants from any liability arising from my child's participation in this event. I also grant a release for pictures of my child taken at this event to be used in materials and/or website published by the Community Foundation of Orange and its affiliates.

Signature of Parent/Guardian



ALL PAPERWORK DUE TO FOUNDATION NO LATER THAN October 14, 2011
UPDATES AND INFORMATION AVAILABLE AT WWW.COMMUNITYFOUNDATIONOFORANGE.ORG 714-288-9909
MAIL OR DELIVER TO: 940 WEST CHAPMAN AVENUE, SUITE 204, ORANGE CA 92868

For Office use Only:

Audition Tape Received: _____