



DATE _____

THE LITTLEST ANGELS TRAINING CHORUS APPLICATION

(Please print clearly)

Child's Last Name	First Name	Home Phone
--------------------------	-------------------	-------------------

Home Address	City	Zip
---------------------	-------------	------------

School	City	Zip	Grade
---------------	-------------	------------	--------------

Date of Birth	Male/Female	Age
----------------------	--------------------	------------

Parent/Guardian Last Name	First Name
----------------------------------	-------------------

Phone	E-Mail Address
--------------	-----------------------

To reserve a place for your child in The Littlest Angels Training Chorus, please fill out the above application and return before February 9, 2022 either via email at carol@singingangels.org or by mail at:

Carol Thompson, Littlest Angels Administrator
The Singing Angels
3600 Biddulph Avenue, Suite A
Cleveland, OH 44109