



DATE _____

THE LITTLEST ANGELS TRAINING CHORUS APPLICATION

(Please print clearly)

Child's Last Name	First Name	Home Phone
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Home Address	City	Zip
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School	City	Zip	Grade
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Date of Birth	Male/Female	Age
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Parent/Guardian Last Name	First Name
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Phone	E-Mail Address
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To reserve a place for your child in The Littlest Angels Training Chorus, please fill out the above application and return **before September 10, 2018** either via email at carol@singingangels.org or by mail at:

Carol Thompson, Littlest Angels Administrator
The Singing Angels
3615 Euclid Avenue, #4
Cleveland, OH 44115