

# City of Placentia Community Chorus Application

COMMUNITY SERVICES DEPARTMENT  
401 E. CHAPMAN AVENUE, PLACENTIA, CA 92870  
(714) 993-8232 - Fax (714) 961-0283 - www.placentia.org

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone (Day):** \_\_\_\_\_ **(Evening):** \_\_\_\_\_  
**(Cell):** \_\_\_\_\_

**E-Mail (Optional):** \_\_\_\_\_ **Emergency Contact :** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Soprano**       **Alto**       **Tenor**       **Bass**

**Music background / experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The chorus will conduct weekly evening rehearsals on Thursday from 7:00 to 9:00 p.m.  
at Tuffree Middle School 2151 N. Kraemer Blvd. , Placentia.

**Yes**     **No**    I can attend Thursday rehearsals regularly

In consideration of the acceptance of this application, I hereby agree to indemnify and hold harmless the City of Placentia and any of its officers, agents or employees from any liability, claim or action for damages resulting from or in any way arising out of my participation in the Placentia Community Chorus.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_