

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 Address (Optional): _____ Emergency Contact Name: _____
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: _____