

**THE CHORISTER EXPERIENCE  
Saturday 26 February 2022**

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| --- | --- |
| Boy’s full name: |  |
| Date of birth: |  |
| Current school year: |  |
| Current School: |  |
| Musical and singing experience  *(if any)*: |  |
| How did you hear about The Chorister Experience? |  |

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| --- | --- | --- |
| **Parent/Guardian 1** | | |
| Name: | |  |
| Address: | |  |
| Email: |  | |
| Telephone: |  | |

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian 2 (optional)** | | |
| Name: | |  |
| Address: | |  |
| Email: |  | |
| Telephone: |  | |

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| Allergies, dietary requirements or any other information of which we might need to be aware: |

*Please complete this form and email to* [*music@elycathedral.org*](mailto:music@elycathedral.org) *before* ***Wednesday 23 February 2022****. The information you provide in this form will be treated confidentially, and will not be passed on to any third parties or used for any other purpose outside the Chorister Experience.*

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