

APPLAUSE

Applauding Wichita Falls Youth in the Performing Arts

Student Name: _____ DOB: _____

School: _____ Class/Grade: _____

Cell Phone: _____ Email: _____

Address: _____ City/State/Zip: _____

Parent's Name: _____ Parent's Cell Phone: _____

Parent's Email: _____

Performing Arts Area: Orchestra Band Choir Dance Drama Voice

List activities in the performing arts:

List all academic honors and awards:

List extra-curricular activities:

I agree to participate in Applause in the following ways:

- | | |
|-------------------------------|------------------------------------|
| 1) Perform in one recital | 2) Usher in one Symphony concert |
| 3) Attend at least 4 meetings | 4) Assist with one service project |

Student's signature: _____ Date: _____

Parent's signature: _____ Date: _____

References: (teacher, coach, music instructor, employer)

Name: _____ Cell Phone: _____

Rate the student in these areas on a scale of 1-10 (1 is Excellent)

____ Attendance ____ Dependability ____ Leadership

Return Form to: Susan Bahr – 106 Pembroke – Wichita Falls, TX 76309

Please attach a check for \$40 for parent's dues to Wichita Falls Symphony League.