



# AL AIN MAR THOMA CHURCH CHOIR

Sl. No. \_\_\_\_\_

## AUDITION REGISTRATION FORM

Applicant's Name : \_\_\_\_\_

Gender : Male  Female

Category : Junior  Senior

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_

Age as on 31/12/2016: \_\_\_\_ yrs

If Junior(9yrs to 15 yrs),

(Name of Parent) : \_\_\_\_\_

Residence Location : \_\_\_\_\_

### Contact Details:

Mob : \_\_\_\_\_

Res Tel : \_\_\_\_\_

Whats App : \_\_\_\_\_

Email : \_\_\_\_\_

*I hereby confirm my willingness to participate in the Choir audition & do accept the decisions of the Choir President. If I am selected, I will obey the rules & regulations of the Choir.*

Signature:

Date:

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For Office Use Only: