

Application for Mrs. Kate's Vocal Team "Passport to Power"

Mail to: Kate Carpenter, Folksinger
PO Box 1543
Callahan, FL 32011
Deadline: August 1, 2009

CHILD'S NAME: _____
AGE: _____ BIRTHDAY: _____ GRADE: _____
SCHOOL: _____

NAMES OF PARENTS/GUARDIANS: _____

HOME ADDRESS: _____

CITY & ZIP _____

HOME PHONE NUMBER _____ CELL(S) _____

EMERGENCY PHONE NUMBER: _____ WHO? _____

E-MAIL ADDRESS _____

Singing Experience (if any):

Why does your child want to be on the team?

List any medical conditions your child has or prescription drugs your child is taking:

Health Insurance Information: Company: _____ Policy # _____

Can your child practice on Saturday mornings in Callahan? What is the earliest time?

Can your child practice on Saturday afternoons in Callahan? What is a good time for you?

List other time commitments (traveling vacations, etc) you have that are already on your child's schedule: (September - November):

PARENTAL CONSENT:

If my child is chosen to be on the team, I will take responsibility to be sure that he/she attends all practices. If, for some reason (illness, etc.) my child cannot attend, I will call Mrs. Kate and notify her. I understand that if my child consistently misses practices, he/she will lose his/her place on the team. I understand that if my child makes the team, this commitment supersedes sports and other team activities. I am responsible provide transportation for my child to the practices at Mrs. Kate's church, and to recording sessions at the studio in Jacksonville (or take my child to Mrs. Kate's house to get a ride). I will encourage and help my child to listen and practice with the CD daily (in the car or home). I will not hold Kate Carpenter liable in case of accident or injury to my child during practice or studio sessions. In case of emergency, if I cannot be reached by phone, Mrs. Kate has my permission to seek medical attention for my child at the nearest hospital. I have read the lyrics to all the songs and have no problem with the religious content.

Parent's Signature & Date: _____

PLEASE SUBMIT ALONG WITH YOUR APPLICATION:

1. Photograph of your child, wallet size is okay
2. Character Reference Form, filled out by non-family member
3. Check for \$20.00, which will be handed right back to you at audition
4. Optional: additional letters of recommendation if you so choose
5. Optional: resume of your child's accomplishments