Registration Form

Name:	Age:
Address:	
Phone:	Email:
Teacher:	Vocal Music Experience/Education: (attach a separate
sheet) Deadline to apply for mastercla	ss auditionees: February 14, 2014 - please send link(s)
to two (2) audition pieces using YouTub	oe, Vimeo, or other such platform. Send to: cvcf@shaw.ca
Deadline to apply for auditors: Febru	ary 20th, 2014
Payment by: Cheque (payable to t	he Canadian Voice Care Foundation)
☐ Visa: Card Number:	
Exp. date: Signature	CANADIAN

Send to: 2828 Toronto Cres NW Calgary, AB T2N 3W2

Questions? Call: (403) 282-2177

