

**New Hampshire Friendship Chorus
Choral Tour to Armenia and Georgia
June 27 to July 10, 2012**

Application Form (Deadline July 31, 2011)

Send form and \$350 deposit, check payable to NHFC

TO: NHFC, PO Box 779, Ashland, NH 03217

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**Singer Applicant \_\_\_\_\_ Non-singer applicant \_\_\_\_\_**

**Personal Information (as in your passport)**

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last name
first and middle

**Date of Birth** \_\_\_\_\_  **Male**  **Female**  
date/month/year

**Address (in fall - #, street, town, state, zip):**

**Home** \_\_\_\_\_

**Mail** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Phone:**

**H** \_\_\_\_\_ **W** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Passport Information (Please submit legible photocopy with application form)**

**Number** \_\_\_\_\_ **Expiration** \_\_\_\_\_  
date/month/year

**Date of Issue** \_\_\_\_\_ **Place of Issue** \_\_\_\_\_  
date/month/year

**Citizenship** \_\_\_\_\_

**In case of emergency, please notify:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Ph.** \_\_\_\_\_ **Cell Ph.** \_\_\_\_\_

**Room Preference:**

**Double Occupancy (one-guest bed)**

**Double Occupancy (two-twin beds)**

**My roommate is** \_\_\_\_\_

**Select one for me**

**Single Occupancy (\$950 supplement)**

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Singer Section

Voice Part: S1 _____ S2 _____ A1 _____ A2 _____

T1 _____ T2 _____ B1 _____ B2 _____

Choral Experience: Community Choir _____

Church choir _____ **Other (describe):**

List solo experience: _____

List music training (i.e. voice, instrument):

TO MAINTAIN SINGER STATUS IN NHFC for the 2012 tour, or risk change to guest status, no more than 2 absences will be allowed. Requests for exceptions must be submitted in writing in advance of absences. The initial full day rehearsal, a must attend event, is scheduled for November 5, 2011 in Plymouth, NH. Other rehearsal sites are to be announced later.

Please initial _____

The undersigned has read carefully the acceptance guidelines, schedule of activities, and recognize and accepts any risks thereof and the terms and conditions set forth, including the cancellation policy.

Signature _____ Date _____

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Signature _____ Date _____