



JUNIOR PROVIDENCE SINGERS

Summer 2019 Application

Student's Full Name: _____

Preferred name: _____

School: _____ Grade in Fall 2018 _____

Student Phone: _____ OK to text? _____

Student Email: _____

Address: _____

Parent/Guardian Name: _____

Parent/Guardian E-mail: _____

Parent/Guardian Phone: _____

Yes, I wish to be considered for the JPS Voice Master Class.

Please include an audio recording of you singing one song that you wish to work on in the Master Class (must be musical theatre or classical). MP3 audio files can be emailed to marketing@providencesingers.org, or burned onto and mailed as a CD. Four students will be selected to participate in the master class, and perform their song in the final concert. For help in making a recording, contact the office!

Tuition – check one:

- ___ check, payable to the Providence Singers (PREFERRED)
- ___ credit card (call 401-751-5700)
- ___ cash
- ___ payment installments requested
- ___ request for financial aid (please complete financial aid form)