



**2010 MET C.A.M.P.
CHORAL ARTS LINK, INC.
CONTACT INFORMATION**

This information is confidential and is not offered or available to outside agencies/organizations. It is used to keep you informed of event information and additionally for demographic purposes as necessary for CAL's development efforts.

Singer's Name: _____

Birthday: _____ Age: _____

Parent/Guardian(s): _____

Address: _____

City: _____ Zip Code _____

Phone #'s: (home) _____ (cell) _____

(work) _____ (pgr) _____

Email (personal): _____

Email (work): _____

Note: Please indicate which email we should use to send information:

personal work both are ok

Twitter: Yes No If yes, @ _____

Facebook: Yes No LinkedIn: Yes No If yes, listed as _____

Singer's School Information

Current School: _____ Grade: _____

School District: _____

Emergency Contact Person(s) in the event we are unable to contact you. Please indicate if contact's number is work, cell or home numbers

1. **Name:** _____

Phone (H) _____ (C) _____ (W) _____

2. **Name:** _____

Phone: (H) _____ (C) _____ (W) _____