

# 2010 MACCC Conference Choir / Band Application

\*PLEASE SUBMIT ONE CHECK TO COVER ALL STUDENTS.  
\*WE WILL NOT ACCEPT INDIVIDUAL CHECKS FROM STUDENTS.

**Early registration fee (before October 15, 2010) is \$40 per student.  
After October 15, 2010, registration is \$55 per student.  
No refunds.**

Instructor Name \_\_\_\_\_  
College \_\_\_\_\_  
School Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Instructor Email \_\_\_\_\_ Instructor Phone \_\_\_\_\_

This application assures the participation of the below named students in all rehearsals and obligations as a participant in the preparation and performance of this event. Students who do not know their music may be asked to not participate.

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_  
\*\*\*\*\*

Student Name \_\_\_\_\_  
Student Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Voice \_\_\_\_\_ Instrument \_\_\_\_\_  
Does student have any health issues? \_\_\_\_\_  
Emergency contact (name and phone): \_\_\_\_\_

Student Name \_\_\_\_\_  
Student Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Voice \_\_\_\_\_ Instrument \_\_\_\_\_  
Does student have any health issues? \_\_\_\_\_  
Emergency contact (name and phone): \_\_\_\_\_

Student Name \_\_\_\_\_  
Student Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Voice \_\_\_\_\_ Instrument \_\_\_\_\_  
Does student have any health issues? \_\_\_\_\_  
Emergency contact (name and phone): \_\_\_\_\_

(for additional students, please make copies of this form)

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**Make checks payable to: MACCC**

Send to:  
MACCC  
Lori Koch, executive secretary  
c/o Music Department  
Los Angeles City College  
855 North Vermont Ave  
Los Angeles, CA 90029

**Questions?** Email [kochlm@lacitycollege.edu](mailto:kochlm@lacitycollege.edu)