

Opera Hong Kong Chorus Application Form

First Name: _____ Last Name: _____ 中文姓名: _____

Sex: ___ Date of Birth: ___(dd)/___(mm)/___(yy) Nationality: _____ ID / Passport No.: _____

Mobile No.: _____ Home No. : _____ Office No. : _____ Fax. No. : _____

Contact Address: _____

_____ Email: _____

Name of Company / School: _____

Work Title / School Grade: _____ Voice Part: S A T B

Other Choral Experience:

Name of Choral Group	Year

Vocal Training:

Name of Vocal Institute / Teacher	Year

Music Qualification / Award Received:

Examination Body	Instrument	Level / Award Attained	Year

Remarks: Personal data collected will be used for Opera Hong Kong Chorus administration matters only. Should members wish to access to and/or update their personal details, please contact Opera Hong Kong office at +852 2234 0303.

Signed by:

Returning the form
 BY MAIL : 1907 Pacific Plaza, 410 Des Voeux Rd. W, HK
 BY FAX : +852 2234 0505
 BY EMAIL : enquiry@operahongkong.org

 Name: _____

Date: _____