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**WESTMINSTER ABBEY**

**CHORISTER EXPERIENCE DAY REGISTRATION FORM**

**Saturday 5 October 2024**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Current age |  |
| Current School Year |  |
| Current School Full address |  |
| **Height - cm *(for robing purposes)*** |  |
| Parent /Guardian Contact Name(s) |  |
| Relationship to child |  |
| Parent /Guardian Mobile Number |  |
| Parent /Guardian Email address |  |
| Parent/Guardian Address |  |

Does your child sing on a regular basis in a choir or singing group, or does he just love singing? Has anyone suggested your son would enjoy being a chorister? Has he started having any instrumental lessons?

Does your child have any food or other allergies?

*(Please note that Westminster Abbey Choir School is already entirely nut-free)*

How did you hear about this event?

*Please complete this form and email to* [*choirschool@westminster-abbey.org*](mailto:choirschool@westminster-abbey.org)*. The information you provide in this form will be treated confidentially, and will not be passed on to any third parties or used for any other purpose outside the Chorister Experience Days.*