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[www.arcwake.org](http://www.arcwake.org)

*Working with and for people with developmental disabilities and their families in Wake County.*



# M'n'M SINGERS APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (must be at least 18 years old to participate)

Why do you want to join the M'n'M Singers Choir? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Do you have any special musical interests or talents? (Do you play an instrument? Have you sung with a group before? What kinds of music do you like?)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How do communicate best?		If vocabulary is limited, what phrases and/or words do you use regularly?
Verbally	<input type="checkbox"/>	_____
Limited Verbal	<input type="checkbox"/>	_____
Sign Language	<input type="checkbox"/>	_____
Combination of Verbal/Sign	<input type="checkbox"/>	_____
Gestures	<input type="checkbox"/>	_____

Are there any physical conditions you have that might present challenges to participation in rehearsals or performances? (For example, difficulty standing for 30-45 minutes for performances.)

\_\_\_\_\_  
 \_\_\_\_\_

Suggested strategies to meet any physical challenges listed: \_\_\_\_\_

There is a fee of \$3 per rehearsal to participate. This comes to about \$33 per quarter. If payment of this fee would be a hardship, please describe your circumstances below. Scholarships may be available.

Bills for choir fees should be sent to (please check the one box that best applies).

Me, at the address on the front of the application **OR**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please send all other choir correspondence to this person too.**

If there is anyone else who needs to receive choir correspondence list them here:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Include my name, address and phone number in the Choir Directory.**

I understand that by joining the M'n'M Singers, I am agreeing to attend rehearsals and performances to the best of my ability.

*PRIVACY STATEMENT: Your privacy is important to us. The information you provide about yourself, family members or friends is for The Arc of Wake County's information only. We do not share this information with outside parties.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please complete both sides of this application!**