



**APPLICATION FORM**  
**A CAPPELLA MASTER CLASS WITH DEKE SHARON**  
**THURSDAY, NOVEMBER 16, 2017 at CENTENNIAL THEATRE**  
**2300 LONSDALE AVE, NORTH VANCOUVER**

DOWNLOAD THIS DOCUMENT, FILL IN THE INFO, SIGN, SCAN & EMAIL COMPLETED FORM TO:  
[DOMINIQUE@BURSTINWITHBROADWAY.COM](mailto:DOMINIQUE@BURSTINWITHBROADWAY.COM)

**CONTACT INFORMATION**

LAST NAME  FIRST NAME  MIDDLE INITIAL  GENDER  
 M  F

MAILING ADDRESS  POSTAL CODE  CITY

HOME PHONE  CELL PHONE  WORK PHONE

PRIMARY EMAIL

**GROUP INFORMATION**

GROUP NAME  HOW LONG HAVE BEEN SINGING TOGETHER

HOW MANY SINGERS IN YOUR GROUP  DO YOU CONSIDER YOUR GROUP TO BE

WHAT STYLE OF A CAPPELLA MUSIC DO YOU GENERALLY SING IN YOUR GROUP?

OUR GROUP WOULD BE AVAILABLE FOR A MASTERCLASS SESSION:  THURS NOV 16: 2-5PM  THURS NOV 16: 7-10PM

**APPLICANT'S AGREEMENT (Form must be signed to complete registration)**

**OUR GROUP UNDERSTANDS THAT IF WE ARE SELECTED FOR THE DEKE SHARON MASTERCLASS THAT EACH SINGER/PARTICIPANT WILL BE REQUIRED TO PAY THE "CHOIR MEMBER" TICKET PRICE OF \$75 EACH FOR THE WORKSHOP ENTRANCE FEE.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
Date

**APPLICATION DEADLINE: TUESDAY OCTOBER 31, 2017**

EMAIL COMPLETED FORM TO: [DOMINIQUE@BURSTINWITHBROADWAY.COM](mailto:DOMINIQUE@BURSTINWITHBROADWAY.COM)