

Name:

Mailing Address:

Email Addresses: Yours:
Your parents':

Put a picture of yourself here in
this box:

1. If you have a whole day free, what is your favorite way to spend the day?
2. What is the single most fun thing you have ever done?
3. What would you like to be doing three years after high school?
4. How old are you?
5. What grade are you in?
6. What is your favorite TV program?
7. What type of music do you listen to?
8. When you "dress down" what do you wear?
9. How many years have you been in the Alaska Children's Choir?
10. How many years have you been in the Touring Choir?
11. Where have you traveled with the Touring Choir?
12. Do you have special diet requirements or allergies? If so, what?
13. What is your favorite food?
14. Do you require special medicines, if so what and when?
15. Do you ever get homesick?
16. If so, how do you deal with it?