

Please return this form by September 5, 2020.

**CHILDREN'S CHORUS OF GREATER DALLAS
Confidential Member/Family Survey
2020-2021 Season**

Please review the information below. Make corrections as needed, and fill in missing information.

INFORMATION ABOUT CHORUS MEMBER

Name of member:
(as it should appear in concert programs)

Gender:
If the space above is blank, please check one. Male Female

Preferred address for Chorus mailings:

E-mail addresses where you would like
Chorus communication sent:
(You may list up to three e-mail addresses.)
(Most Chorus correspondence is by e-mail.
We do not share these e-mail addresses.)

Ethnicity:**

(If the space above is blank, please check one of the choices below.)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Multi Racial |

Grade (August 2020): _____

Name of school attending in 2020-2021: _____

- Public: _____ Independent School District
 Private: City where school is located _____
 Home School

If your child takes music lessons (voice or instrumental) outside of school, please provide teachers' names and addresses for our mailing list:

If your child sings in a choir at your place of worship, please provide the choir director's name and address for our mailing list:

- Please Turn Over -

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INFORMATION ABOUT CHORUS MEMBER FAMILY

Name of 1st parent/guardian: _____

Physical address:

Home phone number: _____

Cell phone number: _____

Work phone number: _____

Name of employer _____ Position _____

Does your employer match any portion of employee contributions to arts organizations Yes No Don't know

Your relationship to CCGD member Parent Guardian Grandparent Other _____

Name of 2nd parent/guardian: _____

Physical address:

Home phone number: _____

Cell phone number: _____

Work phone number: _____

Name of employer _____ Position _____

Does your employer match any portion of employee contributions to arts organizations Yes No Don't know

Your relationship to CCGD member Parent Guardian Grandparent Other _____

Annual household income in 2018** Under \$15,000 \$15,000-\$24,999 \$25,000-\$34,999 \$35,000-\$49,999
 \$50,000-\$74,999 \$75,000-\$99,999 \$100,000-\$159,999
 \$160,000 or greater

CCGD will not discriminate against any child because of race, gender, color, religion, or national origin.

****Religious, ethnic and income information is sought for the sole purpose of responding to grant proposals that request information concerning the social and economic makeup of CCGD.**