



For Office Use Only

Check # _____

Date Rec.. _____

Amount: \$ _____

Joyful Voices Registration Form

CHORUS MEMBER: (Please print)

NAME:

First _____ Last _____ Date of birth _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: (H) _____ (C) _____

EMAIL ADDRESS _____

I sing: (Please check one box)

☐ I do not know my voice part

☐ SOPRANO

☐ ALTO

☐ TENOR

☐ BASS

REGISTRATION FEE: (\$50.00) Check # _____ Cash _____

☐ I am requesting scholarship assistance.

EMERGENCY INFORMATION:

Allergies/Medical Conditions: _____

Special Medication : (Epi pen, etc.) _____

Insurance Company: _____ Insurance Number: _____

Doctor: _____ Phone No. _____

List one emergency contact person:

Name: _____ Relation: _____

Address: _____

Phone: (H) _____ (C): _____

MEDIA RELEASE: (Please check box and sign to indicate your permission.)

☐ I give my permission to be featured in any and all of the Joyful Voices promotional materials and media efforts.

Signature _____

(OVER.....To complete Caregiver's Registration)

CAREGIVER: (Please Print)

NAME:

First _____ Last _____ Date of Birth: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE : (H) _____ (C) _____

EMAIL ADDRESS _____

☐ I intend to sing in the Joyful Voices Chorus.

I sing: (Please check one box)

☐ I do not know my voice part

☐ SOPRANO

☐ ALTO

☐ TENOR

☐ BASS

(NOTE: There is no registration fee for Caregivers.)

EMERGENCY INFORMATION:

Allergies/Medical Conditions: _____

Special Medication: (Epi pen, etc.) _____

Insurance Company _____ Insurance Number _____

Doctor: _____ Phone No: _____

List one emergency contact person:

Name: _____ Relation: _____

Address: _____

Phone: (H) _____ (C) _____

MEDIA RELEASE:

☐ I give my permission to be featured in any and all of the Joyful Voices promotional materials and media efforts.

Signature _____