



For Office Use Only

Check # \_\_\_\_\_

Date Rec.. \_\_\_\_\_

Amount: \$ \_\_\_\_\_

## Joyful Voices "Duets" Registration Form

**CHORUS MEMBER** (LoWD) (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:**

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Signature \_\_\_\_\_