

VIVACE CHORAL ENSEMBLE

Registration Form

(One form per member please. Payment must accompany registration)

Name: _____
(as it should appear in the concert programs)

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone (for emergencies): _____

E-mail address: _____

Choir Section: _____

Birthday: _____ / _____ month/day (do not include the year)

_____ I give permission for my photo to be used for publicity purposes.

(One month's written notice to the director is requested if a singer must discontinue choir, except in extenuating circumstances.)
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*** PLEASE MAKE CHEQUES PAYABLE TO JOHN NELSON**

For administrative use: \$210 FULL Term/\$105 per term

Fees paid by Cash _____ Full Year _____
Cheque(s) _____ Fall Term _____
Spring Term _____
Postdated _____

Receipt issued _____