



REGISTRATION FORM for Middle/ High School Students

*Season: Winter: ___ Spring: ___ Year: 20___

*NAME: _____ DOB: _____

(As you wish it to be printed on Concert Program.)

*PARENTS' NAMES: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: Home _____ Cell _____

*EMAIL: _____ (PRINT CAREFULLY)

PARENT PHONE:

Home _____ Cell _____ Work _____

*PARENT EMAIL: _____ (PRINT CAREFULLY)

*VOCAL PART: SOPRANO I ___ SOPRANO II ___ ALTO I ___ ALTO II ___
TENOR I ___ TENOR II ___ BASS I ___ BASS II ___
UNKNOWN ___

DO YOU READ MUSIC? ___ DO YOU NEED SPECIAL SEATING FOR HEALTH REASONS? ___

PLEASE DESCRIBE YOUR SINGING BACKGROUND _____

DO YOU HAVE EXPERIENCE WITH OR ARE YOU INTERESTED IN THE FOLLOWING AREAS?

Check all that apply:

Play Instruments ___ Computers ___ Sets & Props ___ Graphic Arts ___ Music Theatre ___

Please describe your experience: _____

How did you hear about the chorus? _____

Please plan to pay your non-refundable dues (\$45 per person seasonally, or \$80 annually) upon your arrival when you submit your registration form. Music will be supplied when registration has been processed and finalized, including payment.

IF PAYING BY CHECK PLEASE MAKE CHECKS PAYABLE TO: THE SPOTSYLVANIANS, INC.

Office Use Only: Check # _____ Cash _____ Date Rec'd: _____ Amt: _____ Processed by: _____

Required fields are marked with an asterisk (*)

Binder Number _____

Photo Release Form:

I hereby grant permission to The Spotsylvanians to use photographs and/or video and/or audio recording of me in any rehearsal or performance to use in publications, new releases, online and in other communications related to the mission of The Spotsylvanians.

Date: _____

Signature of Adult, or Guardian of children under age 18.

Membership Directory:

I would like my contact information and voice part included in The Spotsylvanians Membership Directory.

YES _____ NO _____