

VOICES UNITED 2019 REGISTRATION

PLEASE PRINT CLEARLY! PAYMENT MUST BE INCLUDED!

Name: _____ Height: _____

Choir or Church Affiliation (if any) : _____

Dietary restrictions (if any – gluten-free, vegetarian, etc): _____

Current Manassas Chorale Member? _____ (If yes and we have your current contact info, skip the next section)

Street Address: _____ City and Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Voice Part – check one:

____ Soprano 1 ____ Alto 1 ____ Tenor 1 ____ Baritone
____ Soprano 2 ____ Alto 2 ____ Tenor 2 ____ Bass

OFFICE USE ONLY: Date Received: _____ Payment Received: _____

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