Manassas Chorale Registration – 2019-2020 Season

Name:_____ Height:_____

Segment Joining (circle one): Fall Winter Voices Spring

Returning members – if all contact information is the same, please skip down to Dues section.

Email (PRINT):_____

Street Address:_____

City:_____ Zip:_____

Primary Phone:_____

Other Phone:_____

Employer/Occupation (optional):_____

Dues: __I am paying in full. __I am paying in installments and am signing a payment agreement. __I am interested in a scholarship.

Demographic information is optional but is a vital part of supporting our grant requests.

Age: __teens __20s __30s __40s __50s
__60s __70s __80s and up

Ethnicity: __African-American __Asian __Caucasian
__Hispanic __Native American __Pacific Islander
__Other

EMERGENCY CONTACT INFORMATION: Please provide the name and phone number of a contact person in case of emergency.

Name: _____ Phone: _____

I have read, understand, and agree to abide by the policies in the Manassas Chorale Handbook. The Manassas Chorale has my permission to use my name and/or photo in connection with publicity for the organization.

(signature)_____