

VOICES UNITED 2022 REGISTRATION

PLEASE PRINT CLEARLY – PAYMENT MUST BE INCLUDED – MAKE CHECK PAYABLE TO MANASSAS CHORALE

Name: _____ Height: _____

Voice Part – check one:

_____ Soprano 1	_____ Alto 1	_____ Tenor 1	_____ Baritone
_____ Soprano 2	_____ Alto 2	_____ Tenor 2	_____ Bass

Vaccination status: _____ I am fully vaccinated.
 _____ I request a vaccination exemption based on medical or religious grounds.

Music status: _____ I will be using my music from VU 2020.
 _____ I do not have music from VU 2020 and will need a packet.

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: _____

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