VOICES UNITED 2024 REGISTRATION

PLEASE PRINT CLEARLY - \$60 PAYMENT MUST BE INCLUDED - MAKE CHECK PAYABLE TO MANASSAS CHORALE

Name:		Height:				
Voice Part – check one	2:					
Soprano 1 Soprano 2	Alto 1 Alto 2	Tenor 1 Tenor 2		Baritone Bass		
Choir or Church Affilia	tion (if any) :					
Dietary restrictions (if	any – gluten-free, veget	arian, etc):				
Current Manassas Cho	orale Member?	(If yes and we have y	our current	contact info, skip the next se	ection)	
Street Address:		City and Zip:				
Primary Phone: Sec			condary Phone:			
Email:						
		EALTH SCREENING Con-Manassas Chorale				
I am not experiencing headache, loss of taste	participation in any in-po any symptom of illness s e or smell, sore throat, n ny such symptoms, I will	such as fever, chills, coasal congestion, vom	ough, shorti iting or diar		le aches,	
PRINTED NAME						
SIGNED		DATE				
PARENT/GUARDIAN SI	GNATURE IF UNDER 18					
OFFICE USE ONLY:	Date Received:		Payme	nt Received:		