

VOICES UNITED 2025 REGISTRATION

**PLEASE PRINT CLEARLY – \$60 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

Choir or Church Affiliation (if any) : \_\_\_\_\_

Dietary restrictions (allergies, 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: \_\_\_\_\_

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