

COMMUNITY CHRISTIAN CHOIR, INC.
FALL 2008
Genesis Choir Registration Form

Please *PRINT* Clearly

Please complete both sides



Please indicate if there is a change of information

Returning CCC singer

This information will be used for records, Program books, name tags, etc.

Name: _____
First M.I. Last

Birth date: ____/____
Month Day

Address: _____ City: _____ State: ____ Zip: _____

Email Address: _____@_____ . _____

Phone: (____) _____ (____) _____ (____) _____
Home Cell Work

Church Affiliation: _____ Location: _____

EMERGENCY CONTACT INFORMATION

Please list the name who you would like us to contact in the event you become ill or need medical attention.
 If we cannot reach your emergency contact we will call for emergency medical attention.

Name: _____ Relationship: _____
First Last

Phone: (____) _____ (____) _____
Home Cell

VOCAL INFORMATION

Voice Part: _____ Read Music: ___yes ___no

Musical Experience/Background: _____

Vocal Training: _____

Musical Instruments: _____ Formal Training: ___yes ___no

Genesis singers perform in Friends & Family Concert - see notes on reverse & flyer

I give my permission to release my email and mailing address information to other CCC/C families

Please complete side 2

Please Note

There is a Registration Fee due with completion of this form. In addition there is a minimum fundraising commitment based on the number of singers/family registered with CCC. There is also a rehearsal commitment expected of each singer. Please review information on the reverse side of this form.

Office Use Only

Choir Assigned: Gen. _____ Princ. _____
 Paid: _____ Chk _____ Cash _____

