

COMMUNITY CHRISTIAN CHOIR, INC.
SPRING 2010
Adult 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: _____ **Birth date:** ____/____/____
First M.I. Last Month Day

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

Email Address: _____ @ _____ . _____

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

Church Affiliation (name): _____ **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

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 page 2.

Office Use Only

Voice Part Assigned: _____

Paid: _____ **Chk** _____ **Cash** _____

Date Filed: _____

