



NUMBER: _____

CONCERT: _____

DATE: _____

CHORAL SOCIETY OF GREENSBORO

REGISTRATION

PLEASE PRINT LEGIBLY

NAME:

(as you wish it to appear in program)

ADDRESS:

CITY:

STATE:

ZIP:

COUNTY OF RESIDENCE:

Are you a resident of the city of Greensboro? Yes No

(This information is required by the city of Greensboro for funding purposes)

PRIMARY TELEPHONE NUMBER :

E-MAIL ADDRESS:

ARE YOU A NEW CHORAL SOCIETY MEMBER? YES NO

IF A RETURNING MEMBER, IS THE ABOVE ADDRESS NEW? YES NO

VOICE PART (check only one): S1 S2 A1 A2 T1 T2 B1 B2

HONEST HEIGHT (without shoes) FEET INCHES

NO MEMBER MAY TAKE MORE THAN THREE (3) ABSENCES DURING A CONCERT REGISTRATION PERIOD. ATTENDANCE AND ABSENCES WILL BE RECORDED FROM THE FIRST REHEARSAL OF A GIVEN CONCERT REGISTRATION PERIOD.