

Genesee Children's Chorus Registration Form
Please Print Clearly

Name _____

Age: _____ Grade in School: _____ Voice Part(usually): _____

School: _____

School Music Teacher: _____

School ensembles currently a member of:

Parent/Guardian Names

Address:

_____ Street _____ City _____ Zip

Phone:
Home - _____ Cell - _____

E-mail: _____

Any Health concerns: _____

By submitting this form I confirm that I understand:

1. My child and I are making a commitment to **weekly** rehearsals and **all** performances.
2. Transportation **will not** be provided for St. James rehearsals or concert locations.
3. I am responsible for providing concert dress.
4. I am responsible for any lost or damaged music.

Payment of \$20 dues for the Fall/Spring 20__ Season
(Checks made out to **Genesee Chorale** -
please put Children's Chorus in the memo)

_____ Cash

_____ Check _____ Date Rec'd

**Completed Forms and Checks
may be mailed to:**

Genesee Children's Chorus
c/o Heather Lovelace
12020 Hunts Corners Rd
Akron, NY 14001

Questions: (716) 531-8986
hrlovelace@gmail.com