

# JEFFERSON AREA CHILDRENS' CHOIR REGISTRATION FORM

Inaugural season

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_

SECONDARY PHONE # \_\_\_\_\_

EMAIL ADDRESS (optional but helpful) \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_

DESCRIBE YOUR SINGING EXPERIENCE (no matter how little or substantial): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU PLAY A MUSICAL INSTRUMENT? IF SO :

INSTRUMENT: \_\_\_\_\_ HOW LONG HAVE YOU PLAYED? \_\_\_\_\_

TEACHER: \_\_\_\_\_ OTHER INSTRUMENTS: \_\_\_\_\_

FAVORITE STYLE(S) OF MUSIC: \_\_\_\_\_

*The JACC season runs from Sept.20- May 16. Are you willing to commit for the entire season and are you willing to attend ALL Wednesday rehearsals (within reason) for the full season?*

SIGNED -CHILD: \_\_\_\_\_ SIGNED -PARENT/GUARDIAN \_\_\_\_\_

*Are you willing to be a good choir member who puts the team/group first, and shows respect to the adult leadership and every other member of the choir?*

SIGNED-CHILD: \_\_\_\_\_

*The \$25.00 registration fee must be paid before Sept. 13. Checks can be made to Jefferson United Methodist Church or JUMC.*

(PARENTS-GUARDIANS- be sure to fill out the medical/activity release form and have it submitted and signed by Sept. 13)

