

JEFFERSON AREA CHILDREN'S CHOIR REGISTRATION FORM

Childs Name _____ Age _____ Grade _____

Parent/Guardian _____

Address _____ Phone # _____

Secondary Phone # _____

Email Address (Required) _____

T-Shirt Size (Be Specific) _____

Describe your singing experience (no matter how little or substantial) _____

Do you play a musical instrument? If So:

Instrument: _____ How long have you played? _____

EVERYONE SHOULD PAY PARTICULAR ATTENTION TO THE COVENANT BELOW:

The JACC season runs from Sept. 12 – May 15. 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 \$20.00 registration fee must be paid by Sept. 12. 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. 12)

JACC TRANSPORTATION AUTHORIZATION FORM

Dear (name of teacher) _____,

I authorize my child _____ to be transported to Jefferson United Methodist Church by JUMC vans each Wednesday afternoon, immediately after school, for rehearsal with the Jefferson Area Children's' Choir.

Signed (parent/guardian) _____

Date _____