

REGISTRATION FORM
CHILDREN'S CHORUS AND YOUTH CHORUS OF VOICI

Child's Name _____

Address _____

City _____ Zip _____

Home Phone _____

Child's Birthday _____

School _____ Grade Entering _____

Please list and medical problems we need to be aware of:

Instruments Played _____

Mother's name _____

Employer _____

Daytime Phone/Cell _____

Father's Name _____

Employer _____

Daytime
Phone/Cell _____

Doctor _____ Phone _____

Hospital _____

E-Mail: _____

How did you hear about the program? _____

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