

KUMC Celebration Choir

Registration form 2018-2019

CHORISTER'S NAME: _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN NAME(S): _____

PHONE #: Home: _____

Mother Cell: _____

Father Cell: _____

PARENT(S) EMAIL: _____

CHORISTER LIVES WITH

BOTH PARENTS _____ MOTHER _____ FATHER _____ OTHER _____

SCHOOL NAME/DISTRICT: _____

Grade: _____ Birthday: _____

Do you play an instrument? _____ yes _____ no

What? _____

Any Food Allergies? _____

Who will be transporting the chorister other than a parent?

NAME: _____ PHONE: _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

CELL: _____

RELATIONSHIP TO CHORISTER: _____

SIGNED: _____ DATE: _____