

SOUL SINGERS REGISTRATION

**FOR OFFICE
USE ONLY**

STUDENT INFORMATION

Student's Name _____

Nickname (if any) _____

Student's Mailing Address _____

City, State, Zip _____

Home Phone # _____ Student's Cell Phone # _____

Student's Email Address _____

Student's School _____

Grade in School _____ Birthday _____

T-shirt Size (circle one) Youth S M L XL Adult XS S M L XL

Gender: _____

Date Paid _____

Amt Paid _____

Check No. _____

**Please complete
a separate form
for each student.**

PARENT/GUARDIAN CONTACT INFORMATION

Name _____

Address (if different) _____

Cell Phone _____ Work Phone _____

Email _____

Any other names and emails to which Soul Singers information should be sent

To ensure timely communication, please return signed registration form and fee by **WEDNESDAY, Aug. 28**

EMERGENCY & MEDICAL INFO

IN CASE OF EMERGENCY PLEASE CALL (OTHER THAN PARENTS):

Name _____

Phone _____

Medical conditions or food allergies we should know about:

Physician's Name _____

Phone _____

Please return completed choir registration and payment in the enclosed envelope pre-addressed to Choirs, c/o Diane Hayes. Checks for choirs Pre-K-8th may be combined; please indicate which choirs you are signing up for in the memo line.

PHOTO RELEASE

PHOTO RELEASE: I consent to and authorize the use and reproduction of any and all photographs and/or audiovisual materials taken of me, my child, my ward or my representatives by Plymouth Congregational Church of the United Church of Christ, to be used in its publications and/or website.

Yes _____ **No** _____

I have paid my **\$25 CHOIR REGISTRATION FEE** (Max \$50 for K-8 family members; scholarships available; contact Diane Hayes, dhayes@plymouthchurch.com for scholarship info) (Checks payable to Plymouth Church with memo marked "Soul Singers.")