



REGISTRATION · FALL 2024

New singers: please print out and complete this form and bring it to the registration event August 13th, or to the first rehearsal, August 20th. Continuing singers: please check/update membership roster. Thanks!

First Name: _____ **Last Name:** _____
(As you wish your name to be listed on programs)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary phone number: () _____ **Secondary phone number:** () _____

Email address: _____

Voice Part: ___ Soprano ___ Alto ___ Tenor ___ Baritone ___ Bass

Alternate Choice: ___ Soprano ___ Alto ___ Tenor ___ Baritone ___ Bass

Play Instrument? _____

Music reading level: ___ Sing on first sight ___ Average ___ Some ___ None

I would be willing to volunteer in support areas:

___ Fundraising ___ Publicity ___ Equip/Stage Crew ___ Website/Social Media ___ Membership ___ Grant Writing

Dues (\$60) are collected by the second rehearsal, August 27th.

Initial: _____ **I give permission to The Vail Chorale to use my image in video, still, print and social media as well as the sound of my voice as recorded on audio or video tape.**

Initial: _____ **I will wear a mask at rehearsals if so requested by Director and Leadership Team. (Covid vaccination requirement will be reviewed prior to each season)**

Initial: _____ **I will attend at least eight rehearsals, including at least three of the four final rehearsals.**

By signing this document, I am stating that this information is correct and I agree to the above requirements.

Signature: _____ **Date:** ___/___/___

-- below for Admin use only --

Registration:

Total Amount Paid: \$ _____ .00 Cash _____ Check #: _____ (Dues 60 Donation _____)