



REGISTRATION · FALL 2025

New singers: please print out and complete this form and bring it to the registration event August 12th, or to the first rehearsal, August 19th. 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 regular/ \$30 student 18+) are collected by the second rehearsal, August 26th.

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 _____)