

CHIPPEWA VALLEY YOUTH CHOIRS

1814 Oxford Avenue, Eau Claire, WI 54703

Registration Form

Name _____

Address _____

City _____ State WI Zip _____

Date of birth _____ Phone _____

Email _____ T-Shirt Size _____

Age _____ Grade in Fall _____ School _____ City _____

Briefly list other musical experiences (choirs, lessons, instruments, solos, etc.)

For office use only:	
Choir Year	<u>09-10</u>
Da Capo Choir	_____
Andante Choir	_____
Bel Canto Choir	_____
Chanson Choir	_____
Reg fee pd	_____
Tuition pd	_____
Date	_____
Ck #	_____
Cash	_____

.....
Parent(s) or Guardian(s):

Name _____ Phone (w) _____ (h) _____

Relationship _____

Address (if different from child's) _____

Place of employment _____ Email _____

Name _____ Phone (w) _____ (h) _____

Relationship _____

Address (if different from child's) _____

Place of employment _____ Email _____

Medical Information:

Allergies _____

Emergency contact _____

Medications _____

Phone _____

Relationship to child _____

I give permission for my child _____ to participate in CHIPPEWA FALLEY YOUTH CHOIRS' activities under the direction/supervision of the designated director and/or parent chaperones. In the event of illness or injury and I cannot be reached, I give the above designated adults permission to acquire any medical care needed. I understand there will be video taping of concerts which will be played on Public Access TV and photos of choirs will be displayed on the website. Names of members will not be used in any of these formats.

Signature _____ Date _____

Fee Schedule:
• \$25.00 non-refundable registration fee due at time of registration
• \$125.00 tuition fee if paid by August 1, 2009, otherwise \$150.00.
Pay to: CHIPPEWA VALLEY YOUTH CHOIRS
1814 Oxford Avenue
Eau Claire, WI 54703