

SAINT KATERI TEKAKWITHA
Music Ministry
REGISTRATION FORM



ADULT CHOIR / TEEN CHOIR / YOUTH CHOIR
(Please circle above the choir you are registering for)

Date: _____

Name of registrant: _____
(one name per form, please)

Address: _____ City: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell: _____

E-mail address: _____

Birthday : _____ (for children please give year)

For children's choirs only – IMPORTANT

Parents: _____

Emergency contact number: (your cell phone, grandparent, neighbor, etc.)

Name and number: _____

Will you allow your child to be photographed, videotaped, placed on the Saint Kateri website or shown in a Saint Kateri brochure and/or newsletter? Please circle: Yes No

Parents Signature: _____

Have you been in a choir before? Yes No

Do you play an instrument or take private music lessons? Yes No
If yes, instrument _____

Do you read music? Yes No (circle one)

Adult and Teen Choir – What voice part do you sing? _____