RSCMA Newport Course 2010 – Chorister Registration

Name: _____
Last First MI

DOB _____ Male_____Female_____Grade in the Fall 2010_____

Address:_____

_____

Parent(s)/Guardian(s)_____

Phone (indicate cell/home/work)_____

Parent or Guardian's email _____

Would you prefer to receive follow up information at the above email? (y)_____(n)_____

Chorister's email_____

Have you ever attended other RSCMA Courses? __ If so, when?_____Where?_____

Voice part: Treble/Soprano Alto Tenor Bass Baritone

Church Name and address: _____

_____

_____

Choir Director:_____Phone_____ email_____

We the undersigned, certify that the chorister listed above is in good standing and comes with our recommendation for participation in both the choir and the community activities of the RSCMA Newport, Rhode Island Course. T he chorister will be at least 10 years old by September 1, 2010 and will have rehearsed the course music in advance.

Choir Director _____ Date_____

Mail this registration with y our non-refundable deposit of $150 made payable to: ***RSCM Rhode Island Course*** and mail to: Allen Hill, RSCMA Newport Registrar, 42 Dearborn Street, Newport, RI 02840. Balance due by June 15, 2010.

*For Registrar Use only: Deposit Rcv'd*_____*Check #*_____*Amount $*_____

*Balance Rcv'd*_____*Check #*_____*Amount $*_____