

SINGER REGISTRATION

Tuesday, August 7 🎵 Rehearsal 6:00 pm 🎵 Concert 8:00 pm
Lourdes Chapel, Assisi Heights



Name _____

Have you sung Faure's *Requiem*? y__ n__ Voice part (check one only) Sop ___Alto ___Tenor ___Bass___

Address _____

E-mail _____

Participation fee of \$10.00 can be made by check or credit card (MC or Visa). Tickets for the performance are \$10 adults/\$5.00 students and may also be purchased in advance.

Participation fee (# _____ @\$10/person) \$ _____

Tickets (# _____ adults @ \$10.00 # _____ students @\$5.00) \$ _____

Total \$ _____

Credit Card number _____ exp.date _____

Or Check enclosed _____

Rehearsal scores may be checked out from the Choral Arts Ensemble office ahead of time or at the event.

Rec'd: **Score #** _____ **FPC** ___ **ZLC** ___ **COV** ___ *Please use pencil only for light markings*

I agree to erase my markings and pay \$9.00 for replacement of a damaged score.

Signed _____

Note of any existing damage or defacement: