

Milford Presbyterian Church

2010 — 2011

Chancel Choir Registration Form

Please *PRINT* Clearly

Returning MPC singer

Name: _____ Birth date: _____
Month/Day

Address: _____

City: _____ Zip Code: _____

Email Address: _____

Phone: (____) _____ (____) _____ (____) _____
Home Cell Work

Emergency Contact Information

Please list the name who you would like us to contact in the event you become ill or need medical attention.
If we cannot reach your emergency contact we will call for emergency medical assistance.

Name: _____ Relationship: _____

Phone: (____) _____ (____) _____
Home Cell

Vocal Information

Voice Part: _____ Read Music _____ Yes _____ No

Musical Experience/Background: _____

Vocal Training: _____

Musical Instrument(s): _____ Formal Training: _____ Yes _____ No