



CHORUS NORTH SHORE REGISTRATION

SEMESTER: Fall Spring

CONTACT INFORMATION: please complete ALL sections of this form. Please print.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

E-mail address: _____

I don't have e-mail.

Voice part:

Soprano

Alto

Tenor

Bass

PHOTO PERMISSION STATEMENT

I give Chorus North Shore permission to use photographs in which I appear (with or without my name) for any lawful purpose such as publicity, illustration, advertising, and/or Web content.

Please check one: Yes No

CHORUS NORTH SHORE VOLUNTEER OPPORTUNITIES

Please check areas in which you are interested in helping. Thanks!

Concert Maintenance

Photography

Fundraising

Program notes

Grant Writing

Publicity

Mailings

Tickets

Membership

Website

Music Library

Other skills or areas of interest _____

Post Office Box 281, Rockport, Massachusetts 01966