

Milford Presbyterian Church
FALL 2016
Chancel Choir Registration Form

Returning MPC singer? Yes No

Name: _____ Birth date: _____
Month/Day

Address: _____

City: _____ Zip Code: _____

Email Address: _____

CELL Phone: (_____) _____ I want reminders/updated via text: Yes No

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: _____

CELL Phone: (_____) _____

Vocal Information

Voice Part: _____ Read Music Yes No

Musical Experience/Background: _____

Willing to sing a solo if a selection needs a soloist? Yes No

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

Willing to be part of a "Music Committee" (help with special events/occasions)? Yes No

How many years have you been singing in MPC Choir? _____ Total years in all choirs? _____