Souith Holland Master Chorale **Updated 6/1/17**
16226 Wausau Ave.,South Holland, IL 60473

Please attach this Registration/Remittance form with your payment

Please Print

Today's Date_____ Semester: 2017-2018 Amount Due: **$45.00**

Membership Status: (Please circle one) **NEW** **CURRENT** **RETURNING** Male_____Female_____

Last Name First Name Middle Initial

Street Address

City State Zip Code

Home Phone Cell Phone Work Phone

Email Address

Name as you're casually addressed *(e.g., Bob vs. Robert)* Name of Spouse/Significant Other *(first & last name)*

Name as you want it listed in the **Concert Program** *(first & last name, middle initial if desired)*

Name as you want it printed on your **Nametag** *(first & last name)* Do you need a name tag? **YES** **NO** (circle one)

Vocal Part:
(Please circle one)

SOPRANO1	**SOPRANO2**	**ALTO1**	**ALTO2**
TENOR1	**TENOR2**	**BASS 1**	**BASS2**

Please enclose your completed application with your check in the amount of **$45.00** payable to ***South Holland Master Chorale,*** 16226 Wausau Ave., South Holland, IL 60473

Amount Paid $_____ Ck#/M.O# _____Date of Ck/M.O._____