



South Holland Master Chorale
16226 Wausau Ave., South Holland, IL 60473
 Please attach your payment with this registration form

PLEASE PRINT 2021-2022 SEASON BIRTHDAY: Month _____ Day _____

Today's Date _____ Fall, 2021 Amount Due: **\$50.00**

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 are 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: **SOPRANO 1** **SOPRANO 2** **ALTO 1** **ALTO 2**
 (Please circle one) **TENOR 1** **TENOR 2** **BASS 1** **BASS 2**

Please enclose your completed application with your check/money order payable to **South Holland Master Chorale**, 16226 Wausau Ave., South Holland, IL 60473 (Cash/CC accepted only in person)

Registration fee included: \$ _____

- I am fully vaccinated. (Please be prepared to present your vaccination card at the first rehearsal.)
- Yes, I would like to donate my 2020 registration fee. I would like my 2020 fee applied to this registration.
- I am glad to make an additional donation to the chorale to help offset the cost of:
 - Stipends for AI & Marilyn \$ _____
 - Musicians/Music \$ _____

Total amount enclosed: \$ _____

By submitting this registration form, I acknowledge the risk of being exposed to Covid 19.

Ck. #/M.O # _____ Date of Ck./M.O. _____ Received: _____