



South Holland Master Chorale
Please attach your payment with this registration form

PLEASE PRINT 2023-2024 SEASON BIRTHDAY: Month _____ Day _____

Today's Date _____ Fall, 2023 Spring, 2024 Amount Due: **\$50.00**

Membership Status: (Check one) **NEW CURRENT RETURNING**

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**

Vocal Part: Check one	SOPRANO 1	SOPRANO 2	ALTO 1	ALTO 2
	TENOR 1	TENOR 2	BASS 1	BASS 2

Please enclose your completed application with your check/money order payable to **South Holland Master Chorale, mail to SHMC c/o Kathryn King, 1271 Justine Rd. Kankakee, IL 60901** (Cash accepted only in person)

Registration fee included: \$ _____ If using PayPal, date Paid _____ Verification # _____

- I am fully vaccinated. You can also attach a copy of your vax card or email it to president@southhollandmasterchorale.org
- I have received a booster shot.
- I would like to make an additional donation to the chorale to help offset the 2023 cost of:

<input type="checkbox"/> Music Director \$ _____	<input type="checkbox"/> Accompanist \$ _____	<input type="checkbox"/> Musicians/Music \$ _____
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Total amount enclosed: \$ _____

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

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