

ASSH Kids Singers
2009-2010 Registration Form

Name - Last: _____ First: _____

Age: _____ Grade: _____ School: _____ Birthday: _____

Parent(s) _____

Address(es): _____

Would you be willing to help with the program? Y N

Areas of interest: __ Publicity, __ Filing, __ organizing, __ Fundraising,

Other _____

Phone Number (s): _____ Email: - _____

Emergency Contact - Name and Phone: _____

Allergies (Food or Medicinal): _____

Other Needs of Child (dietary, medicinal, asthma, walking assistance, etc.):

Other Music or arts experience: _____

I give permission for publication by All Saints' Sandy Hill of photographs of this child for publicity purposes.

Signed _____ Date _____

Please Return to Church Office
or c/o email Sara Brooks assh@on.aibn.com