

Nittany Valley Children's Choir Registration

Family name:_____

Parents' Names:_____

Address (including zip code)

Phone Number:_____

E-mail address (if checked regularly)_____

Singer #1	Singer #2
Name:_____	Name:_____
Age:_____	Age:_____
Grade_____	Grade_____
Birthday_____	Birthday_____
School _____	School _____
Have you sung with NVCC before? _____	Have you sung with NVCC before? _____
Do you sing in any other choirs? _____	Do you sing in any other choirs? _____
Singer #3	Singer #4
Name:_____	Name:_____
Age:_____	Age:_____
Grade_____	Grade_____
Birthday_____	Birthday_____
School _____	School _____
Have you sung with NVCC before? _____	Have you sung with NVCC before? _____
Do you sing in any other choirs? _____	Do you sing in any other choirs? _____

I give permission for the singer(s) listed above to be photographed as part of the choir for publicity purposes, which may include being published on the choir's website. Each singer's identity will remain anonymous.

_____ (parent's signature)

Please mail registration form and payment to :
Lori Rose
208 First Ave.
Pleasant Gap, PA 16823