



## REGISTRATION FORM 2024

Name:

Address:

Postcode:

Telephone Number:

Email Address:

EMERGENCY Contact Number:

Name and relation to you:

Which Singing Voice are you? If known, please circle. If not known it is fine, I will help you choose!

Soprano

Alto

Tenor

Bass

Why did you choose Sing! Choirs?

How did you hear about Sing! Choirs?

Which Sing! Choirs branch are you becoming a member of? Please circle.

ELY Tuesday

Cambridge

ELY Thursday

Signed:

NAME in CAPITALS:

DATE:

In signing this form you are also agreeing to the terms and conditions as outlined in the attached document – please ensure that you have read them. Many thanks Kathryn Rowland, MD Sing! Choirs

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