



REGISTRATION FORM 2026



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 @ CBC?

Do you work on the Campus? If so, where? This is for information purposes only.

Please share here if there are any health conditions that we may need to be aware of. This is at your own discretion and is completely confidential unless a situation arises when it becomes necessary to share with a medical professional.

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 Hayes, MD Sing! Choirs

(e) kathryn@singchoirs.com (w) www.singchoirs.com