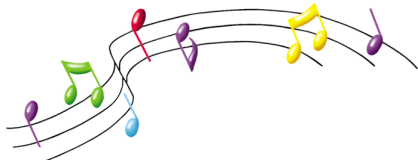


# St. Matthew Music Ministry Choir Registration Form

Please return by **September 1** to: Music Ministry  
St. Matthew Lutheran Church  
30 W. Chestnut St.  
Hanover, Pa. 17331



Child's Name(s) \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Choir Name \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Choir Name \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Choir Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

Parents' names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work phone \_\_\_\_\_ Email \_\_\_\_\_



**\*\*\*\*What phone number (work or cell) do you wish to be listed on the calling chain so someone can reach you quickly if we have to cancel a rehearsal or your child becomes ill - cell \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_**

Any medical conditions \_\_\_\_\_ Any allergies \_\_\_\_\_

Will you serve on our emergency calling chain (to cancel rehearsals for bad weather or illness) (yes/no) \_\_\_\_\_

Any comments \_\_\_\_\_

\_\_\_\_\_