

REGISTRATION

Please fill out the following form if you have not already done so. PRINT CLEARLY

SINGER INFORMATION

Singer's Name (First, MI, Last): _____

Address: _____

City: _____, State: _____ Zip Code: _____

Home Phone#: () _____ Singer's Cell Phone #: () _____

Singer's E-Mail: _____

School: _____ Grade: _____ Age: _____ Birth Date: _____

PARENT INFORMATION

Mother's Name: _____ Father's Name: _____

Mother's Address (If different) _____

City: _____ State: _____ Zip Code: _____

Father's Address (If different) _____

City: _____ State: _____ Zip Code: _____

Mother's Home Phone#: () _____ Work Phone#:() _____

Mother's Cell Phone#: () _____ E-Mail: _____

Father's Home Phone#: () _____ Work Phone#:() _____

Father's Cell Phone#: () _____ E-Mail: _____

Emergency Contact Name: _____

Relationship to Singer: _____ Phone#:() _____