



## REGISTRATION FORM -- 5780 (2019-2020)

PLEASE FILL IN ALL INFORMATION:

NAME: \_\_\_\_\_

VOICE PART: (S, A, T, B) \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

DO YOU BELONG TO A SYNAGOGUE? -- YES/NO (IF YES, WHICH ONE(S)?)

\_\_\_\_\_

ARE YOU INVOLVED WITH OTHER JEWISH, MUSICAL, OR LOCAL ORGANIZATIONS/COMMUNITIES? (please list)

*I have read and agree to follow the policies of Shir Chadash: The Brooklyn Jewish Community Chorus.*

Signed \_\_\_\_\_

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***Shir Chadash: The Brooklyn Jewish Community Chorus***

Date \_\_\_\_\_

Dues \_\_\_\_\_ Additional Contribution \_\_\_\_\_ Total Received: \_\_\_\_\_

Received By \_\_\_\_\_