**REGISTRATION FORM -- 5777 (2016-2017)**



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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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