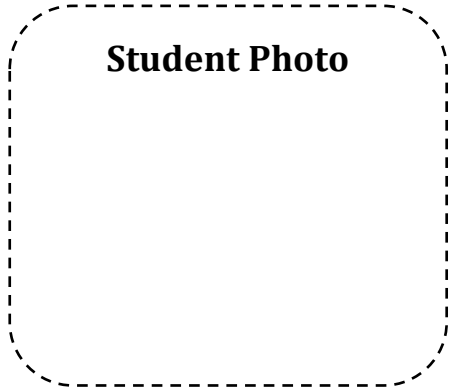


2017-2018 **Season**



ENROLLMENT FORM

Student Information

Name: _____ Nickname: _____
Last First MI

Date of Birth: ___/___/___ Age:___ Gender: M F Grade:___ School:_____

Home Address: _____
Street City State Zip

Student Cell Ph. #:(____) _____ Student E-mail: _____

Parent/Guardian Information

Name: _____ Relationship: _____

Phone #s:(____) _____ (____) _____
Day Evening Cell

E-mail: _____

Name: _____ Relationship: _____

Phone #s: (____) _____ (____) _____
Day Evening Cell

E-mail: _____

Emergency Contact Information

In the event that a parent/guardian cannot be contacted, please contact:

Name Relationship Phone #s

PARENTS ONLY: (Please circle *at least two* areas in which you will help this year!)

- | | | | |
|--------------------------|------------------------|---------------------------|---------------------|
| Delivering Fliers | Room Monitor | Concert Chaperone | Fund Raising |
| Christmas Party | Choral Managers | Assistant Managers | Summer Camp |

List any known dates of events that might be in conflict with MCC rehearsals or concerts:

1) _____ 2) _____ 3) _____ 4) _____
Reason _____