



CRESCENDO COMMUNITY SINGERS – MEMBERSHIP FORM
TEMPORARY MEMBER FOR:.....

NAME AND BIRTHDAY (DAY AND MONTH ONLY)	
NAME/S AND BIRTHDAY/S OF CHILDREN (Under 18) WHO WILL BE ATTENDING WITH ME AND FOR WHOM I WILL BE RESPONSIBLE	
EMAIL ADDRESS	
PHONE NUMBER	
ANY KNOWN HEALTH ISSUES/ALLERGIES	
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT PHONE NUMBER	
I GIVE PERMISSION FOR PHOTOS OF ALL THOSE LISTED ON THIS FORM TO BE PUBLISHED IN MEDIA OUTLETS	YES/NO
COST WILL BE \$5 PER PERSON ON THIS FORM This payment will cover your membership for practices and performance with Opera Eagles Nest.	TOTAL AMOUNT FOR THIS FORM: \$
Paid by cash/cheque/direct deposit into BSB: 064-428 Account Number: 10263863 Account Name: COC Crescendo (Please circle the method of payment) Please use your surname as reference.	

Please note that we do have a Safety Plan in place for the operation of this group, including following Health Department guidelines for CO-VID 19 and all care will be taken to maintain a safe environment at practice and performances. However, all members participate in this group at their own risk.

Signature.....Date.....