



**CRESCENDO COMMUNITY SINGERS – MEMBERSHIP FORM NEW MEMBERS
FROM 1/4/24 to 30/06/24**

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	
RETURNING MEMBERS ONLY NEED COMPLETE THE HIGHLIGHTED SECTIONS WHICH HAVE CHANGED IF THEY HAVE NOT CHANGED, PLEASE JUST TICK	
EMAIL ADDRESS <input type="checkbox"/>	
PHONE NUMBER <input type="checkbox"/>	
ANY KNOWN HEALTH ISSUES/ALLERGIES <input type="checkbox"/>	
EMERGENCY CONTACT NAME <input type="checkbox"/>	
EMERGENCY CONTACT PHONE NUMBER <input type="checkbox"/>	
I AM INTERESTED IN: (Please circle/highlight your answer)	
CONDUCTING	YES/NO
PLAYING FOR THE CHOIR:	YES/NO If yes – please state instrument.....
SINGING SOLOS, DUETS, OR TRIOS	YES/NO
LEADING THE CHOIR IN VOCAL WARMUPS	YES/NO
I give permission for photos of all those listed on this form to be published in media outlets.	YES/NO
COST WILL BE \$30 PER ADULT AND \$10 PER CHILD. This payment will take you to 30/6/24	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.....