

## The Ozaukee Chorus Registration Form

Name: \_\_\_\_\_  
(Last) (First) (Folder #)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Voice parts...circle one... S1 S2 A1 A2 T1 T2 B1 (Baritone) B2 (Bass)

Membership dues per session are \$35.00 payable at the first rehearsal of each session. You are responsible for keeping the music in good condition and must return it at the end of the concert. Your attendance at each rehearsal is important. Please let us know in advance if you cannot attend a rehearsal.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**REHEARSAL: TUESDAYS, 7:00 – 8:30 P.M.  
SAINT JOSEPH CHURCH CHOIR ROOM  
1619 WASHINGTON AVE., GRAFTON**

**FIRST REHEARSAL OF THE FALL SESSION WILL BE  
TUESDAY, SEPTEMBER 12TH  
PLEASE ARRIVE BY 6:30 TO ALLOW TIME TO REGISTER**