



Registration Form

Please read payment policy on back of this form

Singer's first name	Last name	Birthdate	Gender	Choir	Section	Tuition	Polo	Size	Book
		mm/dd/yy	G M G F		A / B				
		mm/dd/yy	G M G F		A / B				
		mm/dd/yy	G M G F		A / B				
		mm/dd/yy	G M G F		A / B				

Total _____

Parent(s) Name _____

Street Address _____

City, State, Zip _____

Home phone () _____ Work phone() _____

Cell phone () _____ E-mail _____

Emergency Contact _____ Phone _____ Relation _____

I have read the payment policies on the back of this form

By registering, I release Cache Children's Choir, its officers and employees, from any liability or expense arising from my child's participation in the choir. In an emergency, every effort will be made to contact me. In the event I cannot be reached, I give permission to the licensed health-care practitioner selected by CCC to secure proper treatment for my child. I give permission for photographs or recordings containing my child to be used for promotional or choir use. I give permission for my singer's name, telephone number, and address to be printed and distributed for choir use, unless other arrangements have been made with the Artistic Director.

Signature of Parent or Guardian _____ Date _____

Grand Total \$ _____

(\$20 ea after 1st) Sibling Discount \$ _____

Discounted total \$ _____

Paid at Registration \$ _____

Balance Due \$ _____

All payments should be mailed to CCC,
PO Box 4115, Logan, UT 84323-4115

For Choir Use Only:

PB SCH Check # _____