

Choir Contact Form

Please fill out and return to Miss Jackson

Name: _____ Homeroom Teacher _____

Shirt size Youth S / M / L / XL Adult S / M / L

Please give at least one email address if possible.

Parent 1 Name _____

Relationship to Student _____

Wk Phone _____ Cell _____

Other phone (_____) _____ **E-mail Address** _____

Parent 2 Name _____

Relationship to student: _____

Wk Phone _____ Cell _____

Other Phone (_____) _____ **Email Address** _____

Emergency Contact _____

Relationship to student: _____

Wk Phone _____ Cell _____

Other Phone (_____) _____

** Volunteers needed, if you have time and would like to help please let me know. **