
ST CHRISTOPHER'S YOUTH CHOIR

REGISTRATION

Name _____ Date of Birth _____

Address _____

_____ Phone No. _____

Parents' Names _____

Parents' Phone Numbers _____

Emergency Phone Number (if parents are unable to be reached) _____

Who is responsible for picking up this child? _____

Does this child have any known allergies? _____

Requirements:

1. Come to practice once a week on Monday at 5:30 to 6:50 p.m.
2. Come directly to and stay in the Choir Room.
3. Take an active part in exercises, warm-ups, and singing activities of practice.
4. Do your best to learn about Mass, the music to be sung at Mass, and the courtesy required to sing in a choir.
5. Be courteous and display excellent behavior toward teachers, guests, and one another at all times.
6. Sing at scheduled Masses.

I would like to be a member of St. Christopher's Youth Choir and I promise to follow the rules of the group and always display good conduct.

Choir Member's Signature _____

Parent's Signature _____

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Name _____

For administration use only:

- Sings a simple song
- Matches one-note pitch
- Matches two-note pitch
- Matches three-note pitch
- Range of singing voice
- Plays an instrument: __ yes __ no
Name of instrument(s) _____