



New Dominion Choraliers

Of Prince William County

Registration Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E mail: _____

New to NDC? _____ or Years with NDC _____ Birthday month/day _____ (optional)

Demographics – Please Circle Below

(This information is collected for grant purposes and is optional.)

Age Group: Teens 20's 30's 40's 50's 60's 70's 80's 90's

Ethnicity: African-American Asian Caucasian Hispanic Native American Pacific Islander
Other (including mixed race)

Voice Part (circle one): SI SII AI All TI TII BI BII

Can you help one of our Committees? Yes ___ No ___ If Yes, we will contact you.

Payment Information:

Season: Spring 2018

Fee: \$45.00 Paid: Yes ___ No ___

Check No. _____ Cash _____ Credit Card (in person only) _____

The New Dominion Choraliers has my permission to use my name and/or picture for publicity purposes in connection with the organization. I understand that this may include newspaper articles, programs and other publications as needed.

Signature: _____

Make Checks Payable to New Dominion Choraliers

Mail to: New Dominion Choraliers P.O. Box 1492 Woodbridge, VA 22193