

2017-2018

ADULT PERFORMING GROUP ENROLMENT FORM

Mind Your Quavers - instrumental / Errigal Singers - choral

Member Information:

Full Name: _____

Address: _____
Street Address

_____ *Town* _____ *County*

Home Phone: _____ Mobile: _____

Email Address: _____ Date of Birth: ____/____/____

OFFICE
USE ONLY:

FAMILY I.D.:

Instrument
I.D.(s):

COMMENTS:

Performing Group Enrolment

**Please note that our annual membership fee is €100.00
(This grants you membership of one or more performing groups)**

Name of Performing Group(s)
you are joining: _____

Instrument played or
Voice section: _____

Rehearsal location: _____

Emergency Contact Information/ Medical Information

**IN THE EVENT OF AN EMERGENCY, PLEASE PRINT THE NAME AND CONTACT NUMBER OF THE
PERSON YOU WOULD LIKE US TO CONTACT:**

Name of Emergency Contact: _____ Phone Number of Emergency Contact: _____

Please state any medical conditions or allergies we need to be aware of: