

ADULT PERFORMING GROUP ENROLMENT FORM

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:
