

**'MIND YOUR QUAVERS'  
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: