



Buffalo Girlchoir
Strong Voices. Strong Girls.

Checks payable to Buffalo Girlchoir
255 Great Arrow Avenue
Suite 312
Buffalo, NY 14207

2020 - 2021 Registration Form

Semester: Fall Spring

Suggested Donation: \$50 + Additional Donation \$ _____ = Total Donation \$ _____

Singer Information:

Name: _____ Date of Birth: _____ Grade: _____

Home Address: _____

School: _____ Music Teacher's Name: _____

How did you hear about us? _____

Parent Information:

Parent #1 name: _____ Phone No: _____

Email address: _____

Occupation: _____ Employer: _____

Parent #2 name: _____ Phone No: _____

Email address:: _____

Occupation: _____ Employer: _____

Please list adults (other than parents) who are authorized to pick up along with phone numbers for each:

I hereby give permission for photographs and videos of my child to be shown in promotional and informational materials for Buffalo Girlchoir. I hereby covenant and contract to release and indemnify, and hold harmless, Buffalo Girlchoir, as well as its employees, contracted educators, and volunteers, from any and all claims of whatsoever nature or type resulting from any act of commission, omission, or negligence of Buffalo Girlchoir or agents arising from activities under or related to the enrollment of myself or my child for which a claim, demand, suit, or other action may be made or brought by any person or other entity against Buffalo Girlchoir.

Parent Signature: _____ Date: _____