

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

Date: \_\_\_\_\_

## 2022 - 2023 Registration Form

Semester: Fall Spring	
Suggested Donation: \$50 + Additional Donation	on \$ = Total Donation \$
Singer Information:	
Name: Dat	ee of Birth: Grade:
Home Address:	
School:	Music Teacher's Name:
How did you hear about us?	
Primary Parent/Guardian Information:	
Parent/Guardian #1 Name:	Phone No:
Email address:	
Occupation:	Employer:
Parent/Guardian #2 Name:	Phone No:
Email address::	
Occupation:	
Please list adults (other than parent/guardian) who are au	athorized to pick up along with phone numbers for each:
I hereby give permission for photographs and videos of my child for Buffalo Girlchoir. I hereby covenant and contract to release as its employees, contracted educators, and volunteers, from an any act of commission, omission, or negligence of Buffalo Girlchenrollment of myself or my child for which a claim, demand, su or other entity against Buffalo Girlchoir.	and indemnify, and hold harmless, Buffalo Girlchoir, as well ny and all claims of whatsoever nature or type resulting from hoir or agents arising from activities under or related to the

Parent/Guardian Signature: