

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

2025 - 2026 Registration Form

Semester: Fall Spring			
Singer Information:			
Name:	Date of Birth	:	Grade:
Street Address:			
City:	State:	ZIP:	
School:	Music Teach	ner's Name:	
How did you hear about us?			
Primary Parent/Guardian Information:			
Parent/Guardian #1 Name:		Phone #:	
Email address:			
Occupation:			
Parent/Guardian #2 Name:		Phone #:	
Email address::		-	
Occupation:	Employer: _		
Please list adults (other than parent/guardian) who	o are authorized	I to pick up along with phone	e numbers for each:
Name:		51 "	
Name:			
Name:		•	
Tuition is donation based to ensure all can particip and grants, tuition donations are an important elem	ate. While our a	activities are also supported	by fundraising
Pay what you can: \$0 – \$249. Amount enclos	sed: \$		
Pay what it costs: \$250 per session			
Become a sustaining donor. Minimum \$25/m	nonth through p	aypal on our website. buf	falogirlchoir.org
Ihereby give permission for photographs and videos of my chi Girlchoir. I hereby covenant and contract to release and inden contracted educators, and volunteers, from any and all claims omission, or negligence of Buffalo Girlchoir or agents arising for for which a claim, demand, suit, or other action may be made	nnify, and hold har of whatsoever nat rom activities unde	mless, Buffalo Girlchoir, as well as cure or type resulting from any act or or related to the enrollment of m	s its employees, of commission, nyself or my child

Date:

Parent/Guardian Signature: