
SINGER INFORMATION

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

School: _____ Grade: _____ Music Teacher's Name: _____

How did you hear about us? _____

PARENT/ GUARDIAN INFORMATION

Parent/Guardian #1 Name: _____ Phone #: _____

Email address: _____

Occupation: _____ Employer: _____

Parent/Guardian #2 Name: _____ Phone #: _____

Email address: _____

Occupation: _____ Employer: _____

PERMISSION FOR PICK UP

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

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Tuition is donation based to ensure all can participate. While our activities are also supported by fundraising and grants, tuition donations are a vital element. Please give as you are able:

☐ Pay what you can: \$0-\$349. Amount enclosed: \$ _____

☐ Pay what it costs: \$350 per session

☐ Become a sustaining donor. Minimum \$25/month through paypal on our website: buffalogirlchoir.org/donate

☐ Arts Access pass number: _____

***Because tuition is donation based, your contribution is fully eligible for **employer matching** programs. Please check to see if your employer matches charitable contributions.

***Buffalo Girlchoir participates in the **United Way Donors Choose** campaign. Please consider adding Buffalo Girlchoir to your philanthropic profile.

MORE ON BACK

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 : _____

It is important to us that each girl experiences the joy of singing! Please use the space below to let us know anything that will help us ensure her success in Girlchoir.

Our tuition donations cover about 30% of our budget. Please indicate interest in the activities below that you would be willing to assist with:

- | | |
|---|---|
| ☐ Table at Events | ☐ Host a house concert or sip n'sing |
| ☐ Volunteer at Spaghetti Dinner | ☐ Serve on a fundraising committee |
| ☐ Volunteer at Concerts | ☐ Chair an event committee |
| ☐ Place an ad for your business in our concert program | ☐ Serve on the Board of Directors |

If you know your representation, please note that here:

Buffalo City Council District _____

Erie Couty District _____