

YOUTH CHORAL MUSIC PROGRAM REGISTRATION FORM 2016-7

ST. JOHN'S EPISCOPAL CHURCH OF OAKLAND  
1707 GOULDIN ROAD • OAKLAND • CA • 94611 • (510) 339-2200

CHORISTER:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
LAST, FIRST, MIDDLE MM DD YEAR

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: ( ) \_\_\_\_\_ email: \_\_\_\_\_

School: \_\_\_\_\_  
NAME CITY GRADE

Participating music program(s):

\_\_\_\_\_ year(s)  
\_\_\_\_\_ year(s)  
\_\_\_\_\_ year(s)

Any health concerns need addressed (e.g. allergies):

\_\_\_\_\_  
\_\_\_\_\_

PARENTS:

\*please list preferred contact first

\_\_\_\_\_ ( ) \_\_\_\_\_  
NAME EMAIL PHONE

\_\_\_\_\_ ( ) \_\_\_\_\_  
NAME EMAIL PHONE

Address: (if different from above):

\_\_\_\_\_ CITY STATE ZIP

**Emergency Contact:**

\_\_\_\_\_ ( ) \_\_\_\_\_  
NAME/RELATION PHONE