Giving Voice Crosstown

SINGER/VOLUNTEER REGISTRATION FORM

PARTICIPATION IS FREE! However, in order to support this chorus, we happily accept donations at any level. Make checks payable to Meetinghouse Church with "Giving Voice Crosstown donation" on the memo line or see online donation instructions below.

Complete separate form for each singer/volunteer/care partner participant and return forms and optional donation to Meetinghouse Church (attn: Barb Halvorson) at the physical or email address below.

| Name: | Care | e Partner (if applicable): |
|---|--|---|
| Role (Singer, Volunteer, Ho | ospitality Host, Care Partner, O | ther): |
| Address: | | |
| | | Telephone Number(s): |
| E-mail address(es): | | |
| Role (Singer, Care Partner, | , Hospitality Host, other): | |
| Voice part(s) (if applicable | e/known): | |
| Best way to reach you (cir | cle one): Phone, Email, Mailin | g, or Other (please specify) |
| Emergency contact name, | /phone: | |
| | ade at https://pushpay.com/g/gathe-12 | onation (\$50 suggested, any amount welcome): \$ 'colonialchurchofedina Please choose "Giving Voice Donations" |
| | | e all that apply): Meetinghouse Church, Giving Voice, Word of cify) |
| that there are inherent risks from any and all liability due | involved in any activity, and I/we | of Meetinghouse Church and Giving Voice Chorus. I/we understand hereby release Meetinghouse Church, its staff and volunteer workers person or property that may occur during the course of my/our |
| Church's unrestricted use, re | | hotographed or recorded and I authorize and agree to Meetinghouse and recording including but without limitation for purposes of Voice Crosstown. |
| | aphs or other recordings, please o | ompensation or our/my approval rights any time thereafter. If you contact Meetinghouse Church |
| Date: | Signature: | |

GivingVoice@Meetinghouse.church
Meetinghouse Church