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 donate online at https://ppay.co/XBp5pyPXbQw

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 F	Partner (if applicable):
Role (Singer, Volunteer,	. Hospitality Host, Care Partner, Oth	er):
Address:		
City:	Postal Code:	Telephone Number(s):
E-mail address(es):		
Role (Singer, Care Partr	ner, Hospitality Host, other):	
Voice part(s) (if applica	ble/known):	
Best way to reach you	(circle one): Phone, Email, Mailing,	or Other (please specify)
Emergency contact nar	ne/phone:	
		ation (\$50 suggested, any amount welcome): \$ (bQw Please be sure to choose "Giving Voice Donations"
	_	II that apply): Meetinghouse Church, Giving Voice, Word of
that there are inherent ri from any and all liability (sks involved in any activity, and I/we h	Meetinghouse Church and Giving Voice Chorus. I/we understand ereby release Meetinghouse Church, its staff and volunteer workers rson or property that may occur during the course of my/our
Church's unrestricted use		tographed or recorded and I authorize and agree to Meetinghouse direcording including but without limitation for purposes of ice Crosstown.
	ographs or other recordings, please co	pensation or our/my approval rights any time thereafter. If you ntact Meetinghouse Church
Date:	Signature:	

GivingVoice@Meetinghouse.church
Meetinghouse Church
6200 Colonial Way Edina, MN 55436