



Napa  
Valley  
Children's  
Chorus

## REGISTRATION

Welcome to Napa Valley Children's Chorus! Please complete the following registration form.

Student's First Name \_\_\_\_\_ Last  
Name \_\_\_\_\_

Student Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Cell  
# \_\_\_\_\_

Student email \_\_\_\_\_ t-shirt size \_\_\_\_\_

School \_\_\_\_\_ Grade Level (2023-  
2024) \_\_\_\_\_

Disabilities (leave blank if  
none) \_\_\_\_\_

Special needs or Allergies (leave blank if  
none) \_\_\_\_\_

Mom and Dad's names \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary  
phone \_\_\_\_\_

Mom cell phone \_\_\_\_\_ Dad cell  
phone \_\_\_\_\_

Occupations \_\_\_\_\_ skills \_\_\_\_\_

Contact  
#1 \_\_\_\_\_ Relation \_\_\_\_\_ Phone# \_\_\_\_\_

Email Contact 1 \_\_\_\_\_ Email Contact 2 \_\_\_\_\_ -  
\_\_\_\_\_

Contact  
#2 \_\_\_\_\_ Relation \_\_\_\_\_ Phone# \_\_\_\_\_

Primary contact for Chorus  
information \_\_\_\_\_

Health Insurance carrier and ID #  
\_\_\_\_\_