Atlantic Harmonies

Children's Choir

Registration Form

Student Name_____Age_____

School name_____Grade (2019-2020)_____

Student Mailing address_____

_____

Parent/Guardian name_____phone_____

Parent/Guardian name_____phone_____

Preferred email address(es)_____

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Does your child have any learning or medical needs that we should be aware of for rehearsal and performance purposes? (If yes, please explain)_____

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Student shirt size:

Adult	S	M	L	XL	XXL	XXXL
Child	S	M	L	XL		

Payment method (please choose one): cash credit/debit card check (payable to Wells-Ogunquit Music Boosters)