

MINISTRY OF MUSIC AND THE ARTS REGISTRATION FORM
St. Paul's Evangelical Lutheran Church of Newark, Delaware

Please fill out one form for each person participating in the ministry of music and the arts at St. Paul's.

Name of Participant: _____

Name(s) of Parent(s)/Guardian(s): _____

Address: _____

City, State, ZIP + 4: _____

Home Phone No.: _____ Work Phone No.: _____

Home FAX No.: _____ Work FAX No.: _____

Cell Phone No.: _____ Participant Cell No.: _____

If a minor, providing the e-mail address and cell phone number of the participant grants permission for electronic communication from the Director of Music to this young person in regards to all group activities.

Participant E-mail: _____

Parent/Guardian E-mail: _____

Date of Birth: ____/____/____ Age: ____ Grade: ____ School/Occupation: _____

Medical Condition: Yes No If so, what? _____

Allergies: _____ Limitations: _____

Check the musical group in which you desire to participate:

Matins Choir (Gr. 9 & up) Sanctuary Choir (Gr. 9 & up) Festival Choir (Gr. 9 & up)

Handbell Ensemble (Gr. 9 & up) Cherub Choir (Gr. K - 2) Seraph Choir (Gr. 3 - 8)

Beginner Bells (Gr. 9 & up) Children's Chimes (Gr. 3 - 8) Litrg. Dance Litrg. Drama

Check only applicable information below:

Voice: Soprano 1 Soprano 2 Alto 1 Alto 2 Tenor 1 Tenor 2 Bass 1 Bass 2

Instrument(s) played: _____ Prefer to play: Solo Ensemble

Piccolo Alto Sax Baritone Horn Piano/Keyboard

Flute Tenor Sax Tuba Acoustic Guitar

Oboe Baritone Sax Violin Electric Guitar

Clarinet French Horn Viola Bass Guitar

Bass Clarinet Trumpet Cello Percussion/Trap Set

Bassoon Bass Trombone String Bass Organ

How many years of study? ____ Taking lessons now? Yes No

Teacher's Name: _____ School Attending: _____

In case of emergency, notify: _____

Phone No.: _____ Relationship: _____

I hereby give my consent for the above named individual to participate in the above named music ministry activity during the current program year. As parent/guardian, I understand that pictures (individual and group) will be taken during some events. I give permission for my son's/daughter's picture to be used for promotional materials in highlighting the events of this parish or events sponsored by the Delaware-Maryland Synod of the ELCA. **I affirm** that the information above is true and correct.

Signature of Parent/Guardian: _____ Date: _____