



Registration Form

Spring 2024

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Voice Part (circle one) S1 S2 A1 A2 T1 T2 B1 B2 Birthday month & day _____

Height _____ Do you have a hearing difficulty/prefer to sit closer to Director? _____

Do you have trouble standing for long periods of time? _____

Would you like a "voice check" with Music Director? (in case you are unsure of voice part or just want an opinion on how things are going vocally) This is not required -- just an option _____

Do you have a favorite piece of choral music *or* a piece you'd like to suggest the chorus sing?

Would you be interested in serving on a committee? ____ Yes ____ No

If yes, you'll be contacted about opportunities. Which do you prefer: Call ____ or email ____

Attendance Policy: *To remain a singer in good standing you may not miss more than 3 rehearsals.
(See Choir Guidelines and Expectations)*

Photo /Video Release

By signing below, I hereby allow Berkshire Concert Choir Inc. to use photos, videos, audio recordings, and representations of my likeness for publicity and archival/educational purposes.

Signed _____ Date _____

Submit this form with your check for \$65 (dues per semester) payable to Berkshire Concert Choir

If this poses a hardship, contact Treasurer, Deb Kellogg: dakchar1@aol.com or 413-207-5490

Or mail to: Berkshire Concert Choir, PO Box 452, Pittsfield MA 01201