

St. Michael's Parish Choir Registration Form

*Please fill out and return with a check for \$30, payable to St. Michael's Parish, to:
Dr. Marguerite Mullee, St. Michael's Parish, P. O. Box 248, Litchfield, CT 06759*

***** MARK YOUR CALENDAR!!! *****

Choir will perform Sunday, Nov. 5 at 10 a.m., and Sunday, Dec. 10 at 4 p.m.

Name(s) of child(ren) Birth Date Grade

Names of Parents: _____

Mailing Address: _____

Phone(s): _____

Email Address: _____

Church: _____ Town: _____

In case of emergency, if parents are unavailable, the church should contact:

Name: _____ Relationship: _____

Phone: _____

May we please have permission to use your child's photo or artwork on the St. Michael's web site in connection with Church School at St. Michael's?

YES / NO Signature of parent: _____

Additional notes or information *i.e.*: allergies, medical concerns, etc.:
