

St. Michael the Archangel Traditional Choir

Member Information Form

Name: _____

Address: _____

email (please print clearly): _____

Vocal Part: (SATB) _____

Years in choirs: _____ Instruments played: _____

Birthday: _____ T- shirt size: _____

Medical information: _____

(ex.: asthma, allergies esp. food & medications, visual/hearing challenges, medications)

This is for your safety especially re: a possible asthma attack or allergy emergency.

Choir Volunteer Opportunities

____ I can help with choir **music folders** (librarians)

____ I can help with **weekly choir rehearsal snacks** (Coordinate or sign up for a week)

____ I can help **contact others with email/ text reminders** of choir events

____ I can help with plan **choir social events** (concerts, parties, trips)

____ I can help with **prayer list** and possible choir Holy Hour.

Your shared input will improve our program and benefit all.

Please do kindly notify Nila if you are unable to attend a rehearsal or event.

Contact Nila Alexander: njudith@mindspring.com 770-572-0586

Check our parish website for more choir information saintmichaelcc.org