

**Registration Form**  
**ROYAL SCHOOL OF CHURCH MUSIC**  
**Wellington Branch**  
**Two Day Choir School 6-7 October 2020**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Family name of Parent/Caregiver (if different from student) \_\_\_\_\_

Age at 1 July 2020 \_\_\_\_\_

School Class: Year \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ (Emergency): \_\_\_\_\_

Email: \_\_\_\_\_

Choir you sing in/school you attend: \_\_\_\_\_

How long have you been singing? \_\_\_\_\_

Voice part (circle): Soprano/Treble   Alto   Tenor   Baritone   Bass

If you have attended a Choir School before please list the year(s) of attendance: \_\_\_\_\_

\_\_\_\_\_

I have taken part in the RSCM Voice for Life Programme ( circle your level of attainment)

White

Light Blue

Dark Blue

Red

Yellow

Please state any medical or dietary needs, and list any medication as required. Continue on a separate sheet if necessary:

\_\_\_\_\_

\_\_\_\_\_

I will be catching the train to Wellington Yes/No \_\_\_\_\_

I would like to be billeted Yes / No \_\_\_\_\_

Registration/course fee is \$85 per applicant (\$150 if two applicants from the same family)

If paid direct reference name is \_\_\_\_\_ (BNZ Wgtn Br. 02 0500 0236837 002)

Name \_\_\_\_\_

Amount paid \$ \_\_\_\_\_

Please e mail this form to : [dom@wellingtoncathedral.org.nz](mailto:dom@wellingtoncathedral.org.nz).....and post hard copy, with any cheque payment to:

Two Day Choir School  
P O Box 6303  
Te Aro  
Wellington 6141

**NB**

Registrants that are unwell or have family members that are unwell should not attend.