



GREATER DECATUR CHORALE



Do you love to sing? Would you like to share your talent with the community? Come audition for the Greater Decatur Chorale! Celebrating 35 years, the GDC director Ted Hesse and accompanist Anita Gifford invite you to join the fun! 70+ members rehearse on Monday evenings in preparation for fall and spring programs including a winter performance (Jan. 10, 11, & 12), Cookin' with the Chorale (May 25 & 26), and other performances and caroling events. All are welcome!

AUDITIONS:

August 26	6:30 - 7 p.m.	(Fall Semester)
January 27	6:30 - 7 p.m.	(Spring Semester)

REHEARSALS: Mondays, 7 - 9 p.m. beginning August 26
(no rehearsal on Sept. 2 & Dec. 23)

FEE: \$40/semester (costumes/tux rental not included)

NOTE: To audition, please prepare a song of your choice. Tape or CD may be used as accompaniment. You may be asked to sight read or perform tonal memory singing.

For an appointment, contact Marie Jagger-Taylor at 421-6648, EXT 1.
Auditions and rehearsals are held at the
Poage Arts and Recreation Center, 2020 North Oakland Avenue

REGISTRATION

Please print all information. Missing information WILL delay your registration. Mail-to: Decatur Park District, Registration Form, 620 E. Riverside Dr., Decatur, IL 62521 or to The ARC, 2020 N. Oakland Ave., Decatur, IL 62521 • FAX phone number: 217-421-7422

Household Name _____ Home Phone _____
Street Address _____ Work Phone _____
City _____ State _____ Zip _____ E-mail address _____
Emergency Contact _____ Phone _____

Circle Voice Part	VSI#	Activity Name	Fee	Participant's Name Last, First	Birthdate mo/day/yr	Sex
SOPRANO	652652-06	FALL 2019	\$40			
ALTO	652652-06	FALL 2019	\$40			
TENOR	652652-06	FALL 2019	\$40			
BARITONE	652652-06	FALL 2019	\$40			
BASS	652652-06	FALL 2019	\$40			

INDICATE PAYMENT: Cash (in person only) Check
 Charge: Visa Mastercard Discover Amex
Card No. _____ - _____ - _____ - _____ CVV # _____ Expiration Date _____
Card holders name _____ Signature _____

In accordance with the Americans with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program? Yes No

If yes, please describe: _____

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program(s), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program(s) (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program(s), and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program(s) against the Decatur Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect and an original form signature.

Participant(s) Signature _____ Date _____
(18 years or older or Parent/Guardian)

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.