
PRINT YOUR NAME AS YOU WISH IT TO APPEAR IN THE PROGRAM

**EASTERN SHORE CHORAL DIRECTORS ASSOCIATION
ALL-SHORE CHORAL AGREEMENT FORM**

As a member of All-Shore Chorus, I have read and agree to abide by all regulations and policies set forth in the contract. I understand that failure to do so will result in dismissal from the Chorus. If I am selected as a member of All-Shore Chorus I also agree to pay the registration fee of \$35.

STUDENT SIGNATURE _____

SCHOOL _____ COUNTY _____

VOICE PART _____ GRADE _____ AGE _____ GENDER _____

HEIGHT (in inches) _____

Years of completed All Shore participation 0 1 2 3 4 5 6

Medal and pin orders are based on this information

As guardian, I agree to the regulations and conditions set forth in the All-Shore Chorus contract and pledge my support to the chaperones and others responsible in the enforcement of the policies and penalties attached thereto.

GUARDIAN SIGNATURE _____

PHONE NUMBER _____ HOME ADDRESS _____

As principal of _____ School, I recommend this student for membership in the All-Shore Chorus.

PRINCIPAL SIGNATURE _____ DATE _____

As choral director of this student, I recommend _____ for membership in All-Shore Chorus.

DIRECTOR SIGNATURE _____ DATE _____