

River Lights Chorus

Guest Information Sheet

Welcome to River Lights Chorus. Please take a few moments to fill out this form.

Date _____

Name _____ Birthdate _____

Address _____

Home Phone _____ Cell _____

Email Address _____

How did you hear about us? _____

Have you sung with a previous group? Yes _____ No _____

Name of the group(s) _____

Do you play an instrument? Yes _____ No _____

List of instruments: _____

Do you read music? Yes _____ No _____

Current job or past career _____

What other hobbies or interests do you have? _____

Additional Comments _____
