

Choristers Guild Institute REGISTRATION FORM

July 20-26, 2014

Contact Information:

Name _____

CG Member number (if applicable) _____

I am a first time registrant I last attended in 20____ and this year will be (YR 2/ YR 3/
ALUM)

Preferred Mailing Address _____ (Home/ School/ Church)

City _____ State _____ Zip _____

Preferred Phone _____ (Work/ Home/ Cell)

Email Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

Church/School Information:

Current Church/School (or most recent) _____

Current Church/School City _____ State _____

Position title _____

Time in position _____ (Full-time/ Part-time/ Volunteer)

Job responsibilities (describe briefly) _____

Size of congregation (total membership) _____

Name of person who will complete letter of support (required for first-year registrants only*)

Experience:

Musical training from the following institution(s) _____

Degree(s) received _____

Other certification(s) _____

Describe other musical or teaching experience _____

Years directing young singers (1-5/ 6-10/ 11+)
Primary performance area (Piano/ Voice/ Organ/Other _____)

Indicating area(s) of interest for specialized study, please rate 1 - 3 in order of preference
(1- most interest, 3 - least interest):

_____ Early Childhood/Lower Elementary
_____ Upper Elementary
_____ Middle School

Registration: *please circle a registration option and a housing & meal plan option below*

REGISTRATION

Deposit	\$100
Member Tuition & Deposit	\$695
Non-Member Tuition, Deposit & 1 Year Membership	\$703

HOUSING & MEAL PLAN (accommodations for 6 nights and linens):

Full Meal Plan	\$370
Lunch and Dinner Only Meal Plan	\$340

Payment:

(Check/ Money Order in US funds/ Visa/ MasterCard/ Discover)

Card Number _____ - _____ - _____ - _____ Expiration Date ____/____

Name on Card _____ Security Code _____

Mail to: Choristers Guild, 12404 Park Central Drive, Suite 100, Dallas, Texas 75251, Attn: Institute Registrar
Email to: registrar@mailcg.org