giving voice

TWIN CITIES CHORUS REGISTRATION

Please complete this form to register for a Giving Voice Twin Cities Chorus.

CONTACT INFORMATION

First & Last Name _____

Email Address _____

Phone Number _____ ☐ This is a cell phone.

Street Address _____

City, State, ZIP _____

How do you prefer to be contacted? (Check all that apply)

☐ Email ☐ Phone call ☐ Text ☐ Mail

YOUR CHORUS

In an effort to comfortably accommodate all singers, we have added a new Twin Cities Chorus at House of Hope Presbyterian Church in St. Paul, and we are capping registration at 50 singers for all choruses.

I would like to join this chorus:
☐ Saint Paul Chorus at the MN JCC Capp Center-St. Paul—Mondays 1-3 PM
☐ New Chorus at House of Hope Presbyterian Church—Tuesdays 1-3 PM
☐ Bloomington Chorus at Schmitt Music—Wednesdays 10:30 AM-12:30 PM

If my chosen chorus is full, I would consider joining this chorus:
☐ Saint Paul Chorus at the MN JCC Capp Center-St. Paul—Mondays 1-3 PM
☐ New Chorus at House of Hope Presbyterian Church—Tuesdays 1-3 PM
☐ Bloomington Chorus at Schmitt Music—Wednesdays 10:30 AM-12:30 PM
☐ No other chorus would work for me.

HELP US CREATE A SUPPORTIVE ENVIRONMENT

I am a:

☐ Person living with cognitive changes like Alzheimer's/other forms of dementia
☐ Care partner to a person on this journey
☐ Long-standing member of the chorus singing in honor or memory of someone special to me. Their name is: _____
☐ Choral companion volunteer ☐ Lead rehearsal site volunteer

My voice part is:

☐ Soprano ☐ Alto ☐ Tenor ☐ Bass ☐ Not sure

Would you like your information to appear in our Choral Directory? This is a resource that helps singers make connections with each other. Please check all contact info you'd like us to include:

☐ Name ☐ Photo (included) ☐ Address
☐ Email ☐ Phone number ☐ Do not include me in the directory

How would you like your name to appear...
On your name tag? (First name + last initial) _____

In the concert program? _____

Please know that your answers to the questions below are by no means final. Should your needs change over the season, we'll work with you to make adjustments.

If you have already been in a Giving Voice Chorus and have someone you'd like to sit next to, please let us know their name:

_____

Do you prefer to sit or stand during concerts? (Singers who prefer to sit will be assigned seats in the first or second row.)

☐ I prefer to sit. ☐ I prefer to stand.

Do you need a disability parking space at rehearsals?

☐ Yes ☐ No

Please let us know about any other accommodations we can make to help you feel welcome and supported.

_____

_____

_____

DUETS: REGISTERING A SECOND PERSON

Please provide the information below if you are registering as a duet. Skip this section if you are registering as a long-standing chorus member singing in honor or memory of a loved one or as a volunteer.

What is your relationship to this person?

☐ They are my partner. ☐ They are my parent. ☐ They are my grandparent.
☐ They are my child. ☐ They are my friend. ☐ Other: _____

Please provide their contact information.

First & Last Name _____

Email Address _____

Phone Number _____ ☐ This is a cell phone.

Street Address _____

City, State, ZIP _____

How do they prefer to be contacted? (Check all that apply)

☐ Email ☐ Phone call ☐ Text ☐ Mail
☐ Contact me (I help them with communications.)

What is their voice part?

☐ Soprano ☐ Alto ☐ Tenor ☐ Bass ☐ Not sure

How would they like their name to appear…
On their name tag? (First name + last initial) _____

In the concert program? _____

Would they like their information to appear in our Choral Directory? This is a resource that helps singers make connections with each other. Please check all contact info you'd like us to include:

☐ Name ☐ Photo (included) ☐ Address
☐ Email ☐ Phone number ☐ Do not include them in the directory

Please know that your answers to the questions below are by no means final. Should needs change over the season, we'll work with you to make adjustments.

Would you like to sit next to this person at rehearsals and at the concert?

☐ Yes, I would like to sit next to them.
☐ No, I would prefer to sit apart (e.g., in my own voice section).

If this person has already been in a Giving Voice Chorus and has someone they'd like to sit next to, please let us know their name.

_____

Do they prefer to sit or stand during concerts? (Singers who prefer to sit will be assigned seats in the first or second row.)

☐ They prefer to sit. ☐ They prefer to stand.

Please let us know about any other accommodations we can make to help them feel welcome and supported.

_____

_____

_____

Anything else you'd like us to know?

_____

_____

_____

EMERGENCY & OTHER CONTACT INFORMATION

Please let us know whom to contact in case of emergency.

First & Last Name _____

Email Address _____

Phone Number _____ ☐ This is a cell phone.

Relationship _____

Giving Voice sends weekly emails to singers with a note from the artistic director, updates on the rehearsal schedule, concerts, other social gatherings, resources, and fun tidbits. If there is anyone besides you (and the other person you're registering, if applicable) who would like to receive this weekly email, please provide their email address(es) below.

_____

_____

_____

_____

_____

MEDIA RELEASE

I give permission to Giving Voice Initiative ("Giving Voice") to photograph, video record, and audio record, and quote me as I participate in Giving Voice activities, and to use the resulting images, sounds, and quotes in Giving Voice publications and audio and visual presentations in any format or medium. Giving Voice may edit and copyright the images, sounds, and quotes as it deems proper.

I understand that--

- These materials may be used for a variety of non-commercial purposes, including distribution to Giving Voice participants, educating the public and potential funders about Giving Voice programs and activities, recruiting singers, training volunteers, and sharing information with

other choruses, among other things.

- These materials may be publicly distributed or displayed on the Giving Voice website, in social media, as CDs and DVDs, and in printed materials, among other formats, and may be shared with mass media outlets (TV, radio, internet).

I waive any rights and release any claims I may have against Giving Voice relating to invasion of privacy or the release, publication, or use of my images, sounds, or quotes.

Signature: _____ Date: _____

Registration Fee

Giving Voice collects registration fees for its Twin Cities Choruses to help cover some of the program costs, like compensating our fantastic artistic directors and accompanist, purchasing and printing sheet music, and of course making sure we have plenty of good snacks.

If the registration fee is not possible for you, we offer scholarships to cover the cost. Please reach out to Choral Operations Manager, Jessica Clifton, at 612-440-9634 or jessica@givingvoicechorus.org for more info.

On the other hand, if the registration fee is easy for you and you'd like to make a contribution to spread this joyful choral experience to even more singers, please feel free to include an additional amount along with your registration fee.

Duet registration: $100
Single registration: $50

Please make your check out to **Giving Voice Initiative**.

Mail your check and completed form to:

Giving Voice Initiative
ATTN: Registration
7400 Metro Blvd., Suite 255
Minneapolis, MN 55439

Thank you so much for registering to sing in a Giving Voice Twin Cities Chorus!