



REGISTRATION FORM

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE (give or take!) _____ EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

“Capital City Voices Jazz Workshop & Choir”

- The choir meets Tuesday evenings, from 7 - 9pm.
- Tuition is \$135/month FLAT RATE. Some months have more or fewer rehearsals, but the tuition stays the same (\$39/session is the average).
- Payments are due on the 1st of the month, and late on the 15th.
- Like most institutions, tuition is a set fee, independent of attendance.
- Attendance is very important to our musical achievement. We hope to see you regularly!

Our Location: Mt. Vernon United Methodist Church
900 Massachusetts Ave, Washington DC 20001

How did you hear about Capital City Voices?

Mail your check to the address below, made out to “Capital City Voices”

Capital City Voices
Jeff Antoniuk, Administrative Director
217A Bowie AVE, Annapolis, MD 21401

**Capital City Voices
217A Bowie Ave
Annapolis, MD 21401**

Please fill out this sheet and return it as part of your application to Capital City Voices. If you choose NOT to have your image considered for use by CCV, please note that on the form, and return it with your application. If you are a minor, BE SURE to have your parents or guardian sign for you.

Photography Release Form

I, _____ give Capital City Voices unrestricted permission to copyright and/or use, and/or publish photographic portraits, pictures or digital images taken of me alone or in a group at Capital City Voices rehearsals and recitals.

I hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with an image that the photographer has taken of me, or the use to which it may be applied.

I acknowledge that the photography session was conducted in a completely proper and highly professional manner, and this release was willingly signed. I certify that I am not a minor, and am free and able to give such consent.

(Subject or Model's signature)

(Date)

(Guardian's signature, if subject is a minor)

(Date)

(Home telephone number)