**Shiloh Baptist Church Gospel Chorus**  
**Music Workshop Registration Form**  
**Saturday, October 6, 2012**  
**Pre-Registration Deadline: 9/24/12**

**Please print or type all requested information.**

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Prefix (Miss, Ms., Mrs., Mr.)</td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip</td>
<td></td>
</tr>
<tr>
<td>Contact Phone Number</td>
<td>(  )</td>
</tr>
<tr>
<td>E-mail Address</td>
<td></td>
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</tbody>
</table>

**Registration Fee (Check One)**  
_____ $5.00 for Ages 12-18  
_____ $10.00 for Ages 19 & up

**Voice (Circle one)**  
Soprano  
Alto  
Tenor  
Baritone  
Bass

**Choir Type**  
Gospel  
Mass  
Senior  
Youth  
Other: ________________

**Church Affiliation**  
  
**Church Address**  
Circle all applicable choices  
I am a: Choir Member  
Soloist  
Choir Director  
Musician

*Musicians Only—circle all applicable choices  
As a musician, I play the following instruments:  
Keyboard  
Piano  
Organ  
Percussion  
Guitar  
Other: __________

The **non-refundable** registration fee includes workshop materials and a light lunch—one form per registrant, please. Those who pre-register w/payment by 9/24 will receive a music CD for the workshop.

**PAYMENT METHOD**

Please check method of payment and provide the following information, where applicable.

- [ ] Church Check #: __________________  
- [ ] Money Order #: __________________  
- [ ] Cash

Make check or money order payable to: Shiloh Baptist Church. Mail this form with payment to:

Shiloh Baptist Church  
Gospel Chorus  
201 South Market Street  
Salem, VA 24153

On-site registration will be accepted on October 5th-6th **one hour prior** to the worship service and workshop. Faxed registration forms will be accepted. Fax Number: (540) 387-5036.

**For Committee Use Only**

Date payment received: ___________  
Check or M.O #: ___________  
Amount: ___________