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College Course Registration

A non-refundable fee of \$150 must accompany this registration.

Make checks payable to *KINGS COLLEGE COURSE*

Mail registration and check to: *The Rev. Linda Rosengren, Good Shepherd Church*

1100 Stockton St., Jacksonville, FL 32204

Check one: Boy Chorister _____ Girl Chorister _____

Name _____
Last First Likes to be called

Date of Birth _____ Grade in the Fall 2010 _____

Address _____
Street City State Zip

Parent(s) or Guardian _____

Phone (Indicate cell, work or home) _____

Parent(s) or Guardian(s) Email _____

Would you prefer to receive follow up information at the above email? _____

Chorister(s) email (optional) _____

Is this your first time to attend the King(s) College Course? _____

Have you attended other RSCMA Courses? _____ When? _____

Voice Part: Treble Soprano Alto Tenor Bass Baritone

Choir Information: Church Name _____

Church Address _____
Street City State Zip

Choir Director _____ Phone _____

Choir Director(s) email _____

We the undersigned, certify that the chorister listed above is in good standing and comes with our recommendation for participation in both the choir and the community activities of the King(s) College Course. The Chorister will be 10 years old by September 1, 2010 and will have rehearsed the course music in advance.

Choir Director Date Pastor/Priest Date

For Registrar Use only: Deposit Rec'd _____	Check # _____	Amount _____
Balance Rec'd _____	Check # _____	Amount _____