



## Music Department Registration Form

### Personal Information

Name	_____	Phone	_____
Address	_____	Email	_____
City	_____	Birthday	_____
Zip Code	_____	Anniversary	_____

### Ministry

Indicate the Music Department position(s) in which you would be interested:.

<b>A/V</b>	<b>Band</b>	<b>Vocal</b>	<b>Choir</b>
<input type="checkbox"/> Sound	<input type="checkbox"/> Guitar/Electric Guitar	<input type="checkbox"/> Melody	<input type="checkbox"/> Soprano
<input type="checkbox"/> Screens	<input type="checkbox"/> Piano	<input type="checkbox"/> Alto	<input type="checkbox"/> Alto
<input type="checkbox"/> Video	<input type="checkbox"/> Bass	<input type="checkbox"/> Tenor	<input type="checkbox"/> Tenor
<input type="checkbox"/> Lighting	<input type="checkbox"/> Rhythm		<input type="checkbox"/> Bass
	<input type="checkbox"/> Drums		

### Experience