

Coral Gables Congregational Church

United Church of Christ

Chancel / Handbell Choir Membership Information



PLEASE PRINT AND BRING WITH YOU TO REHEARSAL

Chancel Choir / Bell Choir (Please circle)

Name: _____

Spouse / Partner: _____

Address: _____

Phone (h): _____

City: _____ Zip: _____

Phone (w): _____

Date of Birth: ____ / ____ / ____
Month Day Year

Phone (c): _____

Voice Part: _____

Fax: _____

Preferred E-Mail Address: _____

Height: (for Choir Robe) _____ Instruments Played: (if any) _____

I will need childcare: Y / N Number of children: _____ Ages of children: _____

Areas of Service: (Check ALL that interest you)

- | | |
|--|---|
| <input type="checkbox"/> Stage and Riser set-up | <input type="checkbox"/> Library/Music Filing |
| <input type="checkbox"/> Phone Tree | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Social Events | <input type="checkbox"/> Choir Robe Maintenance |
| <input type="checkbox"/> Children's Music Helper | <input type="checkbox"/> Instrumentalist |

Please send me additional information regarding the following:

CGCC Music Ministries

- ___ Chancel Choir
- ___ Handbell Choir (Adult)
- ___ Library / Music Filing
- ___ Volunteer

CGCC Community Arts Program (CAP)

- ___ Young Musicians' Orchestra (YMO)
- ___ Conservatory for the Arts
- ___ Summer Concert Series
- ___ Volunteer
- ___ Donor

Open and Affirming (ONA)



United Church of Christ

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www.coralgablescongregational.org



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EMERGENCY CONTACT INFORMATION
TO BE COMPLETED FOR
HANDBELL CHOIR MEMBERS, AGES 14-18

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In case of emergency, contact the following individuals:

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Name of Health Insurance Company: _____

Policy Number: _____

I authorize medical treatment for my child in case of accident or illness, if parent cannot be located or an emergency situation should arise.

AUTHORIZED PICK-UP

Who can pick-up this child?

Mother: Yes / No

Father: Yes / No

**Note: We CANNOT forbid any parent access to their child without a Court Order.*

The following individuals are authorized to pick-up my child:

**Note: Siblings under 18 years of age CANNOT sign-in or sign-out children.*

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Address: _____

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Address: _____

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Address: _____

**Note: We reserve the right to refuse anyone access to your child whose name is not listed.*

Parent's Signature: _____ Date: _____

Please print: _____