



56 Centre Street ~ P.O. Box 1352
Nantucket, MA 02554

NCMC CHORUS ENSEMBLE REGISTRATION FORM

Name: _____

Mailing Address: _____

Email Address: _____

Primary Telephone: _____ Cell Phone: _____

Photo Release: NCMC MAY use your photo for advertising purposes: Yes No

Parent, Guardian or Responsible Party (if applicable) _____
(Please Print) Relationship

	<u> \$65.00 </u>	ENSEMBLE/CLASS FEE	
+	<u> \$50.00 </u>	ANNUAL REGISTRATION FEE	(per family, \$40 per individual)
TOTAL	<u> </u>		

No refunds or credits will be issued for classes missed. Please contact ensemble directors regarding scheduling conflicts or planned absences.

I have read and understand NCMC's registration policies and fee structure: _____
Signature Date

PAYMENT INFORMATION

We accept Visa, MasterCard, American Express – or you may pay by check

Check # _____ Credit Card: VISA MASTERCARD AMERICAN EXPRESS

CARD NUMBER: _____ EXP DATE: _____ CODE _____

Name on Card: _____

Card Billing Address: _____
Street City State Zip Code

Signature of Card Holder: _____