

PAPER REGISTRATION FORM

Music & Worship Arts Week
Sunday, June 19 – Friday, June 24, 2016
Lake Junaluska, NC



Please use a separate form for each individual.

REGISTRATION FEES:

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	Younger Elementary	COMPLETED K – 2nd	\$209	
	Older Elementary *	4th – 5th (or 6th)*	\$209	
	Older Elementary DRUM *	4th – 5th (or 6th)*	\$209	
	Youth <i>(Select rehearsal group on the next page)</i>	(6th)* or 7th – 12th	\$209	
	Young Adult <i>(Select rehearsal group on the next page)</i>	Completed freshman college year to age 25	\$30	
	Adult Fellowship Member <i>(Select rehearsal group on the next page)</i>		\$289	
	Adult Attending with Member <i>(Select rehearsal group on the next page)</i>		\$289	
	Adult Not-Yet Member <i>Includes one year of membership in The Fellowship.</i> <i>(Select rehearsal group on the next page)</i>		\$374	
	Guest		\$80	
	Chaperone		\$65	
	Continuing Education Units (3) (optional)		\$15	
	TOTAL		TOTAL	

* Sixth graders may choose to remain in the Wilson's Children's Complex or to participate with the Middle School Choir. Sixth graders who participate in the Older Elementary Choir must be signed in and out of the building by a parent/ chaperone. Sixth graders in the Middle High Choir are assumed mature enough to find their way to and from choir.

REHEARSAL GROUP (Select ONE)

DANCE REHEARSALS
ADVANCED or INTERMEDIATE I HANDBELLS <i>(Placement Audition Required)</i>
INTERMEDIATE HANDBELLS II <i>(Placement Audition NOT Required)</i>
MIDDLE HIGH CHOIR <i>(Completed 6th – 8th Grade)</i>
SENIOR HIGH CHOIR <i>(Completed 9th – 12th Grade)</i>
ADULT CHOIR (Hurty)
ADULT CHAMBER CHOIR (Aspass) <i>(Not Available)</i>
NON-PERFORMING ADULT You may choose one packet of music at Music Innovations on Monday, after Noon.

First Name _____

Last Name _____

Badge Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email address: _____

Emergency Contact Name:

Emergency Contact Phone: _____

PHOTOGRAPHY/PUBLICITY WAIVER

CIRCLE ONE Yes or No

All registrants grant permission to use their photo or likeness for Fellowship or Music Arts Week news releases, publicity, or websites. If you agree to this, please circle yes. If not, please circle no. If you circle no, you must visit the event office during the event so that we can put your face with your name so that we can honor your request.

ROSTER WAIVER

CIRCLE ONE Yes or No

All registrants grant us permission to include their name, address, telephone, and email address in a listing of event registrants that may be released to others attending the event. If you agree to this, please circle yes. If not, please circle no.

Method of Payment

Check (made payable to "MVAW - The Fellowship")

Please charge my: Visa Mastercard

Amount to be charged \$ _____

Credit Card Number

Expiration Date _____ Security Code _____

Name as it appears on the card

Signature _____

Credit Card Billing Address
Street _____
Billing City _____
Billing State _____ Billing Zip _____

Questions? Call 800-952-8977

**Please mail this form and full payment to:
MVAW - The Fellowship
PO Box 24787
Nashville, TN 37202**