## TRI-STATE HONOR CHOIR REGISTRATION FORM

## November 10-11, 2023

## Northern Kentucky University Professor Katie Barton, conductor

| SCHOOL NAME:                       |            |       |              |
|------------------------------------|------------|-------|--------------|
| SCHOOL ADDRESS:                    |            |       |              |
| SCHOOL PHONE:                      |            |       |              |
| DIRECTOR'S NAME:                   |            |       |              |
| DIRECTOR'S EMAIL:                  |            |       |              |
| DIRECTOR'S PHONE (cell preferred): |            |       |              |
| Enteron 5 mone (con protesseu).    |            |       |              |
| Student Name                       | Voice Part | Grade | T-shirt size |

|     | Student Name  Fee per student is \$35 | Voice Part | Grade | T-shirt size<br>(S-XXL) |
|-----|---------------------------------------|------------|-------|-------------------------|
| 1.  | ,                                     |            |       |                         |
| 2.  |                                       |            |       |                         |
| 3.  |                                       |            |       |                         |
| 4.  |                                       |            |       |                         |
| 5.  |                                       |            |       |                         |
| 6.  |                                       |            |       |                         |
| 7.  |                                       |            |       |                         |
| 8.  |                                       |            |       |                         |
| 9.  |                                       |            |       |                         |
| 10. |                                       |            |       |                         |
| 11. |                                       |            |       |                         |
| 12. |                                       |            |       |                         |
| 13. |                                       |            |       |                         |
| 14. |                                       |            |       |                         |
| 15. |                                       |            |       |                         |
| 16. |                                       |            |       |                         |
| 17. |                                       |            |       |                         |
| 18. |                                       |            |       |                         |
| 19. |                                       |            |       |                         |
| 20. |                                       |            |       |                         |
| 21. |                                       |            |       |                         |
| 22. |                                       |            |       |                         |
| 23. |                                       |            |       |                         |
| 24. |                                       |            |       |                         |

## Attach additional names on separate sheet if applicable.

| Please describe a | any student's med | cal condition | s or concerns | you may | have (all | information |
|-------------------|-------------------|---------------|---------------|---------|-----------|-------------|
| will be kept conf | fidential):       |               |               |         |           |             |