

# SING TO THE LORD 2010

## REGISTRATION

With the completion and submission of this form plus the payment of a deposit of \$300, I indicate my willingness to be part of the tour. I understand that because this is a musical tour, if I register as a singer, I will be required to rehearse for up to three hours per day for six days. I also agree to participate in all performances.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE (H) \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

(A)

ARE YOU REGISTERING AS A SINGER? YES \_\_\_\_\_ NO \_\_\_\_\_

(If the answer is no, please omit Sections (A) and (B) and go to (C))

VOICE PART:        S        A        T        B  
(if you are able to sing more than one Voice part,  
please circle all and indicate preferred one)

CHORAL & VOCAL TRAINING AND EXPERIENCE (Brevity is preferred)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS SING TO THE LORD EXPERIENCE

I participated in the program in \_\_\_\_\_ (please list all years.)

**(B)**

**MUSICIANSHIP**

**Please rate your sight singing skills. Circle the most appropriate.**

**Very Good      Competent      Limited      Minimal      Do not read music**

**I play the following musical instruments:**

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**I currently conduct or have conducted the musical ensemble(s) listed here.**

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**I have been a soloist in performances of the following works:**

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**Other pertinent information about my musical skills/career.**

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**(C)**

**PERSONAL INFORMATION**

**The tour cost quote is based on double occupancy for accommodation. Some triple occupancy is possible for families, relatives or close friends.**

**I will be rooming with** \_\_\_\_\_

**Or**

**I wish to be considered for single occupancy on the understanding that I will pay the additional cost of \$480.00 Canadian Dollars.**

Or

In finding my roommate, I would like you to take into account the following of my personal habits:

Non-Smoker \_\_\_\_\_ Smoker \_\_\_\_\_  
Early To Bed \_\_\_\_\_ Night Owl \_\_\_\_\_

Other things I prefer in a roommate are

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Dietary: I have the following dietary restrictions:

Vegetarian    Y        N

Food Allergies \_\_\_\_\_

Please list any other special needs which we should know about. \_\_\_\_\_

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D) Optional Tour.

I wish to register for the four day optional extension tour to Poland. \_\_\_\_\_

Double Occupancy    \$530  
Single                    \$680

Final Payment is due on or before June 1, 2010.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send or email your completed form together with a deposit of \$300 by March 15, 2010 at the latest to

MARTINA PELADEAU  
TRAVEL COUNSELOR  
VISION 2000 TRAVEL  
3826 CADBORO BAY ROAD  
VICTORIA, BC V8N 4G2  
TEL: 1-800-615-6599  
EMAIL: mpeladeau@vision2000travel.ca

Should there be insufficient enrollment, your deposit will be returned to you in its entirety.