

DERBY HOSPITALS CHOIR

CHRISTMAS CONCERT - FRIDAY, 6th DECEMBER 2019

PLEASE COMPLETE THIS SLIP AND RETURN IT TO DI ALLEYNE BY Friday 2nd August 2019

The following information would be most useful for our Musical Director.

1) Do you wish to be a member of the choir this year YES/NO

Please note that weekly rehearsals commence on Wednesday 4th September 2019

2) Are you able to sight-read music YES/NO

3) Do you sing?:

(S1) 1st Soprano, (S2) 2nd Soprano, (A) Contralto, (T) Tenor, (B) Bass, (U) Unsure. []

If you are unsure of what voice you are, please still come and talk to the Musical Director.

4) Do you wish to be contacted next year if a Christmas Concert is held in 2020? YES/NO

5) Date and Year of Joining the Choir _____

NAME _____

(IN BLOCK LETTERS)

HOME ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

Mrs D. Alleyne

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