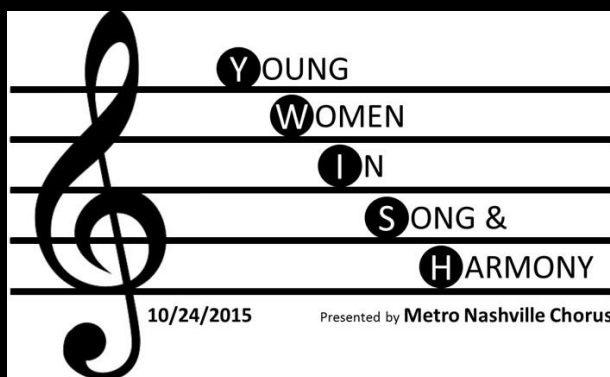


YWISH Festival Participant Registration Form - Adult

Please complete all applicable sections of
this form and return it with your entry
fee of \$25 to:

MNC YWISH Festival Coordinator
Jennifer Palus
6741 Autumn Oaks Dr.
Brentwood, TN 37027

*Please mail your completed form
and check (payable to MNC)
by September 24, 2015!*

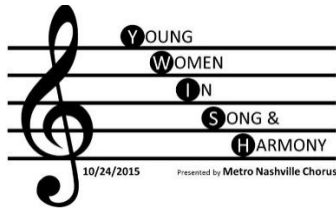


*Come sing with the
Sweet Adelines International
Regional Champions!!*

Hillsboro High School, Nashville TN
Saturday, October 24, 2015

SECTION 1: PARTICIPANT PROFILE (PLEASE COMPLETE ALL ITEMS!)

Participant Information		
First & Last Name:		Age on 10/24/15:
Street address:	City & State:	Zip Code:
<i>Music and learning media will be sent digitally; please provide your Email</i>	eMail:	
School/Grade or College/Year (most recent, if no longer in school):		
Have you participated in YWISH Festival before? <input type="checkbox"/> 2014 <input type="checkbox"/> 2013 <input type="checkbox"/> 2012 <input type="checkbox"/> 2011		
What part do you usually sing in chorus? <input type="checkbox"/> Soprano 1 <input type="checkbox"/> Soprano 2 <input type="checkbox"/> Alto 1 <input type="checkbox"/> Alto 2		
Do you read music? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your tee-shirt size? <input type="checkbox"/> SMALL (10-12) <input type="checkbox"/> MEDIUM (12-14) <input type="checkbox"/> LARGE (14-16) <input type="checkbox"/> XL (16-18) <input type="checkbox"/> XXL (18-20)		



SECTION 2: PHOTO/RECORDING RELEASE

Please complete the following and provide your signature and date to document your consent of any photographs or recordings during participation in this event.

I, _____, hereby give permission for Sweet Adelines International and any of its affiliated organizations, including, but not limited to its regions and chapters, to use my name and/or photographs/artwork/videotapes/electronic representations and/or sound recordings of me on an ongoing basis for promotional, news, or public relations purposes in print and/or electronic media.

Furthermore, I hereby consent that such photographs/artwork/videotapes/electronic representations and/or sound recordings shall be the property of Sweet Adelines International and any of its affiliated organizations. They shall have the right to duplicate, reproduce and make other uses of such media as they desire free and clear of any claim whatsoever on my part. All rights to fees, commissions, royalties, or profits received as the results of the distribution, sale, or lease of the recordings in any form are assigned to Sweet Adelines International to be used in any manner consistent with the purpose of Sweet Adelines International.

Signature: _____ Date: _____

SECTION 3: MEDICAL/EMERGENCY CONTACT INFORMATION

Participation in the YWISH Festival is not expected to create a medical or health risk for participants. However, it is beneficial for us to have information on file if a participant has allergies or specific medical conditions in the event that an incident occurs that could impact their health and medical attention is required.

	Primary Emergency Contact	Secondary Emergency Contact
Name		
Relation to participant		
Phone Number 1		
Phone Number 2		

Please list any medical conditions or allergies in the space below that you would like the MNC event coordinators to know and communicate to medical responders in the event that medical assistance is required. (Please note that providing this information is optional and if provided, this information will be kept secured at all times and destroyed after the event.)
