



# Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Home #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Mobile #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Voice:  1<sup>st</sup> Soprano  1<sup>st</sup> Alto  Tenor  
 2<sup>nd</sup> Soprano  2<sup>nd</sup> Alto  Baritone  Bass

Sex:  Male  Female Height: \_\_\_\_\_ (in feet and inches)

If currently in an OHF choir, please state the choir \_\_\_\_\_

If you were previously in an OHF choir, please state the choir \_\_\_\_\_

If you have never participated in an OHF choir, please state when, where and how you were involved in OHF (i.e. attended concert, volunteer, part of the OHF youth workshops, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Additional Family Members (both children and adults) attending

List any additional needs for you or anyone in your family. (ie. Wheelchair access)  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Planned Arrival Date: \_\_\_\_\_

Planned Departure Date: \_\_\_\_\_

Do you plan to attend the Pre-Anniversary Jazz Dinner and Concert on Thursday, June 26<sup>th</sup>, 2008.  
 Yes  No

List any special dietary requirements or needs for you or anyone in your family  
\_\_\_\_\_  
\_\_\_\_\_

Do you need transportation to the Jazz event?  
 Yes  No

Do you need babysitting during the banquet?  
 Yes \_\_\_\_\_ # children  No

**Payment:**

Adults/Youth (15 and up) Qty \_\_\_\_\_ @ \$145 = \$ \_\_\_\_\_

Children/Youth (ages 5 – 14) Qty \_\_\_\_\_ @ \$80 = \$ \_\_\_\_\_

Children (without Saturday Banquet) Qty \_\_\_\_\_ @ \$40 = \$ \_\_\_\_\_

Children (ages 0-4) Qty \_\_\_\_\_ @ \$15 = \$ \_\_\_\_\_

**Total Registration Fees Due** = \$ \_\_\_\_\_

Deposit Due by April 30th Qty \_\_\_\_\_ @ \$45 = \$ \_\_\_\_\_

Balance Due by June 13 (or paid on site) \$ \_\_\_\_\_

- I have enclosed a check for \$\_\_\_\_\_
- I am paying \$\_\_\_\_\_ online via paypal.  
*Instructions:* Please make payment and send us a copy of your receipt with your registration.

Please make checks payable to:  
**One Human Family Workshops**

Mail payment and registration forms to:  
OHF Workshops  
4 North Berrymeadow Lane  
Durham, NC 27703

**Scholarships**

- I would like to make a contribution of \$\_\_\_\_\_ to assist others. (Due with deposit)
- I am requesting a partial scholarship for myself (*Registration reduced to \$80.00. \$45 deposit due by April 30<sup>th</sup>.*)
- I am requesting a full scholarship for myself.
- I am requesting a full scholarship for a child/youth immediate family member.

Name \_\_\_\_\_

**IMPORTANT:** Please fill out the payment section with the full fee amounts. If granted a partial or full scholarship, we will notify you and adjust the balance due accordingly.

Are you sharing a room with other OHF adult members who are **not** in your immediate family?  
 Yes  No

If yes, please write their names below

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Do you need some assistance with finding others to share a room?  
 Yes  No