



Athens County Community Singers Sign-up Sheet

1. Name _____ Date: _____

2. Address _____ Age: _____

3. Phone Numbers (Home) _____ (Cell) _____
(Emergency) _____ (Guardian) _____

4. Service Provider/Agency _____
(Address) _____

(Phone Number) _____ Email _____

5. Legal Guardians (if applicable) _____
(Address) _____

(Phone Number) _____ Email _____

6. Transportation Needs:

Can you get transportation to rehearsals/concerts by yourself? Yes No

Would you be interested in using Athens Transit On Demand? Yes No

Who is responsible for making sure you are at important events? _____

How will you get to rehearsals/concerts if you do not use Athens Transit on Demand? _____

7. Physical Needs/Limitations:

Do you use a wheelchair? Yes No

Do you need supervision in the community? Yes No (If yes, please explain) _____

8. I will attend the rehearsal at _____ from _____.

(Concerts are often at night, but sometimes during the day.)

9. *Day Habilitation Participant *(fees may apply)* *Individual Participant *(fees may apply)*
Community Member *(fees apply)* Scholarship Participant

