

Radost Folk Ensemble
Information Form

Date: _____

Participant Information:

* Required

Name*: _____

Address*: _____

City: _____ ST: _____ ZIP: _____

Home Phone*: _____ Cell Phone: _____

Work Phone: _____ Work/School Name: _____

E-mail*: _____

E-mail #2: _____

Birthday: _____ *(Year optional for adults)*

EMERGENCY CONTACT*:

Name: _____

Phone1: _____ **Phone2:** _____

Parent/Guardian Information (for participants under 18):

Name*: _____

Address*: _____

City: _____ ST: _____ ZIP: _____

Home Phone*: _____ Cell Phone: _____

Work Phone: _____ Work Name: _____

E-mail*: _____

E-mail #2: _____

Emergency* Phone: _____

I have read the Radost "New Member Information" handout: _____

Signature