

St. Rita Choristers
Contract of Commitment (please PRINT)

2010-2011

Student: _____ Grade: _____ Date of Birth: _____
(Last name) (First name)

Sibling: _____ Grade: _____ Date of Birth: _____
(Last name) (First name)

Sibling: _____ Grade: _____ Date of Birth: _____
(Last name) (First name)

Parent: _____

Mailing Address: _____

City: _____ ZIP: _____ Home Phone: _____ Work Phone: _____

EMAIL (for communication of important information only): _____

Additional Contact: _____

Mailing Address: _____

City: _____ ZIP: _____ Home Phone: _____ Work Phone: _____

EMAIL: _____

I have read and understand the attendance guidelines contained in the Chorister Brochure and I commit myself for the school year.

Chorister Member Signature: _____

Parent Signature: _____

Choristers will not be considered fully registered until this form, complete with a parent signature, is on file.

I promise to love and guide each Chorister and to do everything possible to make them an important part of the group.



Melva Villard, Director of Music

This form may be faxed to the St. Rita Church office, 448-0704, turned in with the collection, emailed to Melvavillard@aol.com, or mailed to Melva Villard, 4137 Waterford Dr., Alexandria, LA 71303