

**Springdale Lutheran Church's 4th Annual
Celebration of Music**

REGISTRATION FORM

Concert on Sunday, May 31 at 1 p.m.

First and last name* _____

Email address* _____

Phone number* _____

*(*Required so we can contact you about event information)*

Vocal or instrumental performance? _____

If possible, would you prefer to perform at the beginning, middle or end of the concert?

Song & Composer 1st Song Choice

Name of song _____

Composer(s) _____

Song Length _____

2nd Song Choice

Name of song _____

Composer(s) _____

Song Length _____

Accompanist Will you provide an accompanist? If so, please include the full name

If not, will you need an accompanist? (Yes or No) _____

Please email this form to Paul at pelvers51@yahoo.com, or **call Paul** at 608-575-4490 to provide the information over the phone, or **mail the form** to Springdale Lutheran Church, ATTN: Celebration of Music, 2752 Town Hall Rd., Mount Horeb, WI 53572.