



Brooklyn Youth Chorus

**CROSS-CHORAL TRAINING™ REGISTRATION FORM**

**CONTACT INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone (Day)

\_\_\_\_\_  
Phone (Evening)

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Organization(s) you represent

\_\_\_\_\_  
Title

**PAYMENT AND AGREEMENT**

Number of Participants: \_\_\_\_\_ x \$75 = Total \$ \_\_\_\_\_

Method of payment:  Check (made payable to BYCA)  Money Order  Cash (must deliver in person)

Credit card:  Visa  MasterCard  American Express  Discover

I authorize Brooklyn Youth Chorus to automatically charge my credit card the total payment indicated.

Cardholder's name: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp.Date: \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

**RETURN YOUR REGISTRATION TO:**

Brooklyn Youth Chorus Academy  
179 Pacific Street  
Brooklyn, NY 11201  
Fax: 718-855-1371  
ewoodhouse@brooklynyouthchorus.org