



## 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) \_\_\_\_\_

5. Legal Guardians (if applicable) \_\_\_\_\_  
(Address) \_\_\_\_\_  
(Phone Number) \_\_\_\_\_

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

