



Village Music & Arts Participant Information

PARTICIPANT INFORMATION

Date :

Participant Name _____	Participant's Phone _____
Address where participant lives _____	

City/State/Zip _____	E-mail _____
Date of Birth / /	T-shirt Size _____

PARENT OR GUARDIAN INFORMATION

Parent or Guardian Name _____	Phone _____
Address _____	E-mail _____
City/State/Zip _____	Alternate Phone _____
<input type="checkbox"/> Parent is the participant's guardian <input type="checkbox"/> The participant is his/her own guardian	

CAREGIVER/RESIDENTIAL PROVIDER INFORMATION

Name _____	Phone _____
Address _____	E-mail _____
City/State/Zip _____	Alternate Phone _____

EMERGENCY CONTACT _____ **Phone** _____

VOICES OF THE VILLAGE MEMBERSHIP: Select an option below

- Yes, I would like to join Voices of the Village performance ensemble. Enclosed is my annual membership fee payment of \$600.00.
- I would like to pay \$50 monthly for my membership. Send invoice to person below if different from above:

 Name Phone

 Address

- I would like to request a partial scholarship of \$_____ (Please complete "VOV Scholarship Application.")
- I would like to request a full scholarship. (Please complete "VOV Scholarship Application.")



PARTICIPATION REQUIREMENTS:

VOV practices weekly and performs 1-3 times per month. Membership fee is \$600 per year and includes participation in the weekly VOV gigs and practices, Friday Music, and monthly Evening with the Arts dances. (Monthly payments of \$50 accepted.) Participants are responsible for their own transportation.

Voices of the Village Schedule: Please check the VCS website regularly for information on Voices of the Village Gigs and holiday schedules.

Participant Supervision: Village Community Services is not responsible for the supervision of Village Community Music & Arts (VM&A) participants. People who have not demonstrated that they are safe and independent at VM & A events may not attend without appropriate caregiver support. Friday Music is an all-ages event. Children under the age 16 may attend with written guardian permission and adult supervision. Youth aged 16 + may attend with written guardian permission. Evening with the Arts dances are restricted to age 18 and older.

Hold Harmless Agreement: The Participant and his or her Guardian voluntarily assume all risk pertaining to attending a Village Community Services activity, whether occurring before, during or after the activity. The Participant and his or her guardian agrees that Village Community Services and all individuals affiliated with such organization are not liable for injuries, expenses, claims or liabilities resulting from participation.

___ I am the participant's guardian and agree to the supervision and hold harmless agreements as stated above.

_____ Date _____
Guardian Signature (Participant's signature if own guardian.)

___ I am the participant's residential provider or primary caregiver and have read and understand the supervision terms and hold harmless agreement as stated above (guardian signature is required above).

_____ Date _____
Authorized Residential Provider/Caregiver



Village Community Services VOV Scholarship Form

Mary Jo Ager and Jimmy & Sean Scholarship Application

For Office Use Only:

Approved

Denied

Initials: _____

Date: _____

Copy to Acctg Dept

Copy to Staff

ELIGIBILITY:

- Based upon financial need
- Subject to availability of funds and VCS Parent Fund Administrator approval

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Participant Need: _____

Date Needed: _____

Total Cost: ____ \$600 per year _____

Amount of Scholarship Request: _____ (Please pay a portion of fee if you can.)

Evidence that need a VOV scholarship:



Village Community Services

VOICES OF THE VILLAGE MONTHLY STATEMENT PROCEDURE

1. Voices of the Village members will receive a monthly statement of their account. This statement will be mailed by the 10th of the month.
2. It may take up to 10 business days for payments to be posted to the customer account. If you would like to know if your payment has been received, please contact Larry Backstrom at 360-653-7752 ext. 16.
3. Statements serve as a reminder for members that have not paid their monthly membership payments in advance.
4. VCS Parent Fund scholarships are available for members that cannot afford to pay the full monthly membership dues. They may be requested through Michelle Dietz. Scholarships are based on significant financial need, and the member is required to pay a portion of the monthly fee at a level they can afford.
5. To terminate your membership with Voices of the Village, please contact Michelle Dietz at 360-653-7752 ext. 14.

Thank you for your membership and participation in Voices of the Village!

Michelle Dietz
Booking and Membership
360-502-1638

Michelle Dietz
Village Community Services
Executive Director
360-653-7752 ext. 14



Village Community Services “Friends of VCS” Mailing List

Please add yourself and others close to your VCS participant to receive VCS news and event mailings

Name: _____ Name: _____

Address: _____ Address: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Relationship to Participant: _____ Relationship to Participant: _____

Others you wish to send information about VCS: Others you wish to send information about VCS:

Name: _____ Name: _____

Address: _____ Address: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Relationship to Participant: _____ Relationship to Participant: _____

Others you wish to send information about VCS: Others you wish to send information about VCS:

Name: _____ Name: _____

Address: _____ Address: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Relationship to Participant: _____ Relationship to Participant: _____