**Registration**

Please complete the form below to register with Brabant Koor.

Send this form to zakelijkleider@brabantkoor.nl

**General information**

Initials \*

First name \*

Prefix

Family name \*

Address \*

Postcode \*

Town/city \*

Country \*

Telephone number \*

Mobile number

E-mail \*

Password \*

Date of birth\*

IBAN

Photo

Top of Form

If accepted to take part, I will allow my name and photo to be included on the members’ pages.

 Yes  [ ]  No [ ]

Voice type \*

Musical and voice training: \*

Musical experience: \*

Bottom of Form

I agree with the conditions of participation. \* [ ]