

Region 2 Chorus Directory Update Form

NAME OF CHORUS: _____ CHARTER DATE: _____

WEBSITE: _____ BOARD OR TEAM MANAGEMENT: _____

REHEARSAL DATE AND TIME: _____

REHEARSAL VENUE(S): _____
ADDRESS(ES): _____

DIRECTOR: _____

Address: _____
Home Phone: _____ Work Phone: _____
Fax: _____ Cell Phone: _____
Email address: _____

PRESIDENT/TEAM LEADER CONTACT: _____

Address: _____
Home Phone: _____ Work Phone: _____
Fax: _____ Cell Phone: _____
Email address: _____

VICE PRESIDENT CONTACT: _____

Address: _____
Home Phone: _____ Work Phone: _____
Fax: _____ Cell Phone: _____
Email address: _____

CORRESPONDING SECRETARY: _____

Address: _____
Home Phone: _____ Work Phone: _____
Fax: _____ Cell Phone: _____
Email address: _____

SPECIAL EVENTS COORDINATOR: _____

Address: _____
Home Phone: _____ Work Phone: _____
Fax: _____ Cell Phone: _____
Email address: _____

FINANCIAL COORDINATOR: _____

Address: _____
Home Phone: _____ Work Phone: _____
Fax: _____ Cell Phone: _____
Email address: _____

MEMBERSHIP: _____

Address: _____
Home Phone: _____ Work Phone: _____
Fax: _____ Cell Phone: _____
Email address: _____

PUBLIC RELATIONS: _____

Address: _____
Home Phone: _____ Work Phone: _____
Fax: _____ Cell Phone: _____
Email address: _____