

Region 2 Chorus Directory Update Form

NAME OF CHORUS _____

CHARTER DATE _____

REHEARSAL DATE AND TIME: _____

REHEARSAL LOCATION(S): ADDRESS _____

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

PRESIDENT/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: _____

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