

DYNAMIX GUEST INFORMATION

Date:								
Name:								
Address:								
City, State, Zip								
Home Phone:								
Cell Phone:								
Do you text?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
Email:								
Birthday (Mon/Day)								
Singing Experience:								
How did you hear about Dynamix?								
Voice Placement:	<input type="checkbox"/>	Tenor	<input type="checkbox"/>	Lead	<input type="checkbox"/>	Bari	<input type="checkbox"/>	Bass
Welcome to Dynamix! Thank you for joining us this evening.								