



Bshs Choral Clinic August 28th – 31st

12:00pm to 3:00pm

Please complete Registration form and return to the Bishop Shanahan Main Office

Student name: _____

Parent/Guardian name: _____

Address: _____

Postal/Zip code: _____

City: _____

Parent/Guardian Home phone#: _____

Parent/Guardian cell phone #: _____

Parent E-mail: _____

Parent Signature: _____

Date: ____/____/____

Fax to Bishop Shanahan: 610-343-6220 or

e-mail to Mrs. Campbell: mjcucc@yahoo.com