

REGISTRATION FORM

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: (_____) _____

E-Mail: _____

Participant's Age: _____

Please complete One Form for Each Class

Class Code: _____ Fee: _____

Book: _____

Piece: _____

Partner's Name (Duets and Ensembles): _____

**Please Note: NO PHOTOCOPIES! Only original music will be accepted at the Festival.
Competitors who bring photocopies will be disqualified.**

TEACHER INFORMATION

Please complete this portion before giving the Registration Form to your students.

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: (_____) _____