



DOUBLE REED DAY REGISTRATION FORM

SUNDAY, OCTOBER 23, 2011

Name: _____ Instrument: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Email: _____

You will receive confirmation via email

School Name: _____ School Music Director: _____

Year in School: _____ How many years playing instrument? _____

Private Teacher (if applicable): _____ Teacher's Phone/ email _____

Do you wish to be considered for the Master Class? YES NO

If yes, what piece(s) will you play? _____

NOTE: If you own any reedmaking equipment, please bring it with you (not required to attend).

Please indicate t-shirt size: S M L XL

I will be attending (circle one):

Alone

With parent/guardian

With teacher

Other _____

Emergency Contact:

Name: _____ Phone: _____

Relationship to you _____

Image/Musical Recordings Authorization: Please check here if you do NOT wish to give permission to have student's image/musical recordings used to help illustrate and explain educational programs of SUNY Fredonia.

Deadline: October 7 (forms postmarked after Oct. 7 should add \$5 late fee)



www.fredonia.edu/music

716-673-3151 phone music@fredonia.edu

**Please complete this form and mail with payment (\$25) to:
note: check payable to *SUNY Fredonia***

Double Reed Day - School of Music
SUNY Fredonia
Fredonia, NY 14063