



REGISTRATION FORM

PIANO EXPERIENCE
SATURDAY, SEPTEMBER 26, 2009

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Email: _____

You will receive confirmation via email

School Name: _____

Year in High School: _____ How many years studying? _____

Private Teacher: _____ Teacher's Phone: _____

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

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

Registration form & audition cassette/CD/YouTube must be postmarked by September 12. Submissions received late will be considered on a space-available basis.

Please have your private teacher briefly tell us about you and why s/he feels you would be a good candidate for the master class (please attach separate sheet).

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.

Fee: \$20 per applicant (includes lunch)

Deadline: September 12, 2009

Please complete this form and mail with payment (check payable to SUNY Fredonia) to:

Piano Experience - School of Music
SUNY Fredonia
Fredonia, NY 14063

www.fredonia.edu/music/community/piano.asp

716-673-3151 phone music@fredonia.edu