



THE STRING EXPERIENCE REGISTRATION FORM

SUNDAY, NOVEMBER 1, 2009

Name: _____ Instrument: _____

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? _____

Deadline for consideration is October 15; please submit a 5-minute cassette or CD.

Submissions received after this date 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.

Deadline: October 15 (forms postmarked after Oct. 15 should add \$5 late fee)



www.fredonia.edu/music

716-673-3151 phone music@fredonia.edu

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

The String Experience - School of Music
SUNY Fredonia
Fredonia, NY 14063