



**THE STRING EXPERIENCE  
REGISTRATION FORM**

**SATURDAY, OCTOBER 29, 2011**

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: \_\_\_\_\_

Teacher's email: \_\_\_\_\_

**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 14; 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 11 (forms postmarked after Oct. 14 should add \$5 late fee)



[www.fredonia.edu/music](http://www.fredonia.edu/music)

716-673-3151 phone [music@fredonia.edu](mailto:music@fredonia.edu)

**Please complete this form and mail with payment of \$25 (check payable to *SUNY Fredonia*) to:**  
The String Experience - School of Music  
SUNY Fredonia  
Fredonia, NY 14063