

Flute Masterclass Registration Form

Community Music School- March 28, 2009

Name: _____ DOB: _____

Address: _____ Apt. # _____ School Attending: _____

(City/State) (Zip Code) Grade in School: _____

Teacher's Name: _____

Please check all that apply:

I would like to perform for the masterclass: Yes: _____ No: _____

(the first six performers who register will play in the class and will be contacted by the CMS to verify performance)

If yes, what piece will you be perform: _____
(Title) (Composer)

I would like to attend and listen to the masterclass only: Yes: _____ No: _____

*I would like to stay for the lunch following the masterclass: Yes: _____ No: _____

**Lunch Fee: If you would like to stay for lunch following the masterclass and talk with the guest artist there is a \$6.00 fee to cover the cost of food that must be mailed in with this registration form.*