

Viola da Gamba Demonstration: Registration Form Community Music School- April 4, 2009

Name: _____ DOB: _____

Address: _____ School Attending: _____
Apt. # _____

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

Teacher's Name: _____

Please check all that apply:

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.*