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SOUTHWESTERN COLLEGE

Violapalooza Registration Form

Deadline for Registration: February 12th, 2016
Return to Dr. Amber Peterson, 100 College St., Winfield, KS 67156
Include Registration Fee: \$10.00 (non-refundable)

Name _____

Home Address _____

Phone Number _____

Email Address _____

Circle 1 of the following:

HS Student

Orchestra Director

Private Teacher

Complete if applicable:

Name of High School _____

Grade ____ Years of Viola Study ____

Current Orchestra Teacher _____

Current Private Teacher _____

List any food allergies (Lunch & Reception will be provided.):

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(For Teachers) Did you have 4 or more students registering? (All teachers who bring 4 or more students will be admitted free of charge.)

___ Yes ___ No

(For Teachers) Please list students. (All students who have successfully registered & paid will be counted.)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

(For Students) Would you like to participate in the Master Class? (Pre-registration required.)

If interested in playing, please fill out the following questions. Selected students will be notified at least a week in advance.

___ Yes ___ No

Composer's Full Name _____

Title of Work _____

(Choose 1 movement or piece for the Master Class)