

# Flute Masterclass Registration Form

## Community Music School- October 10, 2009

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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.*