COPY AS NEEDED

SOUTHWESTERN COLLEGE ViolinFest Registration Form

Deadline for Registration: September 22nd, 2017 Return to Dr. Amber Peterson, 100 College St., Winfield, KS 67156 Include Registration Fee: \$10.00 per person (non-refundable) Southwestern College Youth Symphony Members & College Students FREE!!!

Name				
N 1 N 7 1				
Phone Number	er			
Email Address	S			
Circle 1 of the	following:			
	High School Student*Orchestra Director		rector	
Private	Teacher	Southwestern Stude	ent	Community Member
	iddle school studer mber.Peterson@sc	nts may attend, but c ckans.edu)	contact Dr. Pet	erson prior to
Complete if	applicable:			
Nam	ne of High School			
	Grade	Years of Violin Stud	dy	
Curr	ent Orchestra Tea	ncher		
Curr	rent Private Teache	er		

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

(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.)

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(For High School Students) Would you like to participate in the Master Class? (Preregistration required.)

_ Yes ____ No

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

Composer's Full Name

Title of Work _____

(Choose 1 movement or piece for the Master Class)