

Maplewood Chamber Music Workshop

Registration Form Spring '20

January 25, February 29, March 21, April 18

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

CELL PHONE _____

E-MAIL ADDRESS _____

Instrument(s) _____

ABILITY (Please check one in each category)

TECHNICAL LEVEL

___ Excellent ___ Very Good ___ Good ___ Fair

GROUP EXPERIENCE

___ Much ___ Some ___ Very Little ___ None

Would you enjoy playing in a group involving a woodwind instrument?

Yes ___ No ___ No Preference ___

Will you be attending with a preformed group?

Yes ___ No ___

If yes, the other group members are: _____

Is there a piece you would like to work on? _____ (we cannot guarantee this)

Is there anything else you would like us to know (about you or your preferences). Feel free to use the other side of this form if you need more space. _____

MAIL THIS FORM WITH A \$60 NONREFUNDABLE DEPOSIT BY JANUARY 8, 2020

If we cannot place you in a group your check will not be cashed

TO:

(checks made payable to Maplewood Chamber Music Workshop)

Maplewood Chamber Music Workshop

658 W 188th St. #6E

NYC 10040