

## Chamber Music Workshop Registration Form

Student's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address:

\_\_\_\_\_

Telephone numbers (include cell): \_\_\_\_\_

Email: \_\_\_\_\_

Student's Age: \_\_\_\_\_

Grade Just Completed: \_\_\_\_\_

School Attended Last Year: \_\_\_\_\_

Music Teacher's Name: \_\_\_\_\_

Years of Study: \_\_\_\_\_

Recent repertoire studied:

\_\_\_\_\_

I certify that the above information is correct, and I agree to allow my child to participate in the festival's program and activities.

Parent's or Guardian's Name:

\_\_\_\_\_

I promise to obey the rules of the workshop and the university, to participate in the workshop's activities, and to try to profit by the instruction.

Student's Name:

\_\_\_\_\_

Photo/Video Release: I hereby consent to the use of photographs/videos of my child/dependent/self, and/or any copies of this photograph/video in any editorial and/or promotional material produced and/or published by Southeastern Louisiana University. This includes usage in commercial advertising and the Internet. I understand that signing this release does not guarantee use of the photos/videos.

Parent's Name:

\_\_\_\_\_

Please include your payment of \$170 with this application form and medical release form. The application deadline is May 20. (\$20 late fee will apply to all registrations postmarked after May 20)