

Jacksonville Cello Workshop 2019
Registration Form

Participant Information

Name _____

Age _____

Phone Number () _____ - _____

Address _____

How long have you played the cello? _____

What are the last three pieces you have studied?

1. _____

2. _____

3. _____

Name of Private Teacher _____

How many days would you like to participate? (Check one)

Both

Friday, February 1st

Saturday, February 2nd

Would you like to participate in master classes? (Check one)

Yes

No

Gender (Check one)

Male

Female

Check here if you are an elementary student and only wish to stay half days.

T-Shirt Size (Circle One)

Child: S M L XL

Adult: S M L XL

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Parent/Legal Guardian Information

Name _____

Relationship to student _____

Address (if different)

Email Address _____

Primary Phone Number () _____ - _____ Work Phone Number () _____ - _____

May we contact you at work?

Yes

No

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Tuition Information

Early Registration

1 Day	\$100.00
2 Days	\$150.00

If applying after January 11th, 2019

1 Day	\$125.00
2 Days	\$200.00

Auditors (Non-family members)

2 Days	\$25.00
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Check here if you are an auditor

Please make checks payable to:

University of North Florida School of Music

*In the memo line, please write "Jax Cello Workshop"

*Please include the participant's name.

Mail checks to the following address:

Dr. Nick Curry
University of North Florida
School of Music
1 UNF Drive
Jacksonville, FL 32224