



REGISTRATION FORM

Details of regional and district rounds to be announced.

APPLICANT NAME: _____

HOME ADDRESS: _____

PHONE: _____ (home or cell) E-MAIL: _____

INSTRUMENT: _____

TITLE OF PIECE TO BE PERFORMED: _____

COMPOSER: _____ LENGTH _____ minutes

MY HIGH SCHOOL _____ I AM IN THE _____ GRADE

MY MUSIC TEACHER AT SCHOOL IS _____

MY PRIVATE TEACHER IS _____

THE COLLEGES OR UNIVERSITIES I AM CONSIDERING ATTENDING:

WHILE IN COLLEGE, THE MAJOR I WOULD LIKE TO STUDY IS: _____

I AM A HIGH SCHOOL STUDENT AND HAVE READ AND UNDERSTAND THE RULES OF THE
COMPETITION.

Printed Name

Signature

Date

Please complete
Questions please email or call: cstatton@abh.org
Cell: 559-824-2721 Work: 626-863-1745
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214 South Atlantic Blvd.
Alhambra, CA 91801