

REGISTRATION FORM

Details of regional and district rounds to be announced.

APPLICANT NAME:	
HOME ADDRESS:	
PHONE:(ho	me or cell) E-MAIL:
INSTRUMENT:	
TITLE OF PIECE TO BE PERFORM	ED:
COMPOSER:	LENGTHminutes
MY HIGH SCHOOL	I AM IN THE GRADE
MY MUSIC TEACHER AT SCHOO	L IS
MY PRIVATE TEACHER IS	
THE COLLEGES OR UNIVERSITI	ES I AM CONSIDERING ATTENDING:
	AND WAVE BEAD AND INCOME.
I AM A HIGH SCHOOL STUDENT COMPETITION.	AND HAVE READ AND UNDERSTAND THE RULES OF THE

Please complete
Questions please email or call:
Brett O'Connor

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