

REGISTRATION FORM FOR MASTER CLASS

Name of student

_____ Age _____

Name of Teacher _____

Teacher Email _____

Phone _____

Piece No. 1

Include Opus No., Movement, Tempo marking

Composer _____

Piece No. 2 (optional)

Composer _____

I am submitting my audition by video link _____

DVD (2 copies) _____

Please send this form with a check for \$25.00 (made out to PHMTA) to:

Francine Christy 103 Patton Lane Radnor, PA 19087