

Clavinova Ensemble Adventures

REGISTRATION FORM

Student_____

Entering Grade_____

T-shirt Size---(circle one) YS YM YL YXL AS AM AL AXL
AXXL

Address_____

Zip Code_____

Parent's Name_____

Cell phone_____

Email – (all correspondence will be sent here- print clearly)

Piano Teacher_____

Piano Teacher's Phone_____

Two pieces or method books currently studying (please include level EE, E,
LE EI, I, LI, Adv.)

1._____ 2._____

I understand that students are required to attend 2 of the 4 August Rehearsals (August 2nd, 9th, 16th, 23th), and MUST attend the mandatory rehearsal on Sept. 6th and the final performance on Sept. 13th. If this requirement is not met, the students will be asked to not participate in the final performance.

Parent Signature_____