Maplewood Chamber Music Workshop

Registration Form Spring '27

January 30, Feb. 27, March 20 and April 24

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

HOME PHONE_____

CELL PHONE_____

E-MAIL ADDRESS_____

Instrument(s)_____

ABILITY (Please check one in each category)
TECHNICAL LEVEL
____Excellent ____Very Good ____Good ____Fair

GROUP EXPERIENCE
____Much ____Some ____Very Little ____None

Would you enjoy playing in a group involving a woodwind instrument?
Yes____ No____ No Preference____

Will you be attending with a preformed group?
Yes____ No____
If yes, the other group members are:_____
_____

Is there a piece you would like to work on?_____(we cannot guarantee this)

Is there anything else you would like us to know(about you or your preferences). Feel free to use the other side of this form if you need more space. _____
_____
_____

MAIL THIS FORM WITH A $70 NONREFUNDABLE DEPOSIT BY Jan 7, 2027
(checks made payable to Maplewood Chamber Music Workshop)
If we cannot place you in a group your check will not be cashed
TO:
Maplewood Chamber Music Workshop
44 Highland Drive
West Caldwell, NJ, 07006