

Maplewood Chamber Music Workshop

Registration Form Spring '25
Sep 27, Oct 18, Nov 15 and Dec 6

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 September 7, 2025

(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