

# Maplewood Chamber Music Workshop

Registration Form Spring '25

January 25, February 22, March 15, April 5

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, 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