

Maplewood Chamber Music Workshop

Registration Form Fall '26

September 26, October 17, November 14, and December 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. _____

to reserve a spot as soon as possible, please mail this form with a \$70 non refundable deposit

(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

All applications must be in no later than Sep 8, 2026