

CCC REGISTRATION FORM

Please complete the information below:

First Name _____ Last Name _____

Age: _____

Circle one: Female / Male

Address _____

City _____ State _____ Zip _____

Home phone(_____) _____ Day phone (if different(_____) _____

E-mail _____ Fax Number (_____) _____

School currently attending _____ Year in school _____

Orchestra director's name _____ phone number _____

Private teacher's name _____ phone number _____

BILLING INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I would like to be considered to (check one or more of the following):

- perform in student recital (7 minute limit)
- perform in masterclass (limited spots available)
- perform in the cello choir (everyone is encouraged to participate)
- and/or observe the masterclasses and attend concerts

* If you are interested in performing in a student recital or masterclass, please have your teacher complete and send the recommendation form below.

Email the completed registration form to michelj@cwu.edu or send to:

Central Cello Celebration
Att: John Michel
Music Department -7458
Central Washington University
Ellensburg, WA 98926

* Do NOT send payment with your registration as you will be billed by the university.