

Registration Form
Kirby String Quartet
Summer 2008 Chamber Music Workshop

Student's Name _____ Age _____

Parent/Guardian (if under 18) _____

Address _____

City _____ Postal Code _____

Phone (home) _____ (cell) _____

Email _____

Instrument _____ Years of Study _____

Teacher's Name _____

Emergency Contact Person _____

Emergency Contact # _____

Medical # _____

Allergies or other Medical Conditions _____

Please list solo repertoire you have studied this year _____

What (if any) chamber music have you studied this year? _____

What chamber music repertoire do you wish to study? _____

If you are coming as part of a pre-formed group, please list their names:

Room and Board \$400.00 \$ _____

Tuition \$400.00 \$ _____

Total Amount \$ _____

no refund after June 1, 2008

Please make cheque payable to:

Chamber Music Society of the Fraser Valley

29830 Maclure Road

Abbotsford, BC

V4X 1G5

tel (604) 8579675

fax (604) 8579685