

FOR OFFICE USE ONLY

Session: _____ Time: _____ Order: _____ / _____ / _____

2016 Recital Registration Form

1. _____
Last Name First Name Age Instrument
Composition / Song Composer NYSSMA Level

2. _____
Last Name First Name Age Instrument
Composition / Song Composer NYSSMA Level

3. _____
Last Name First Name Age Instrument
Composition / Song Composer NYSSMA Level

Notify the office if you require an accompanist. Consult your instructor for NYSSMA level.

******RECITAL FEES ARE NON-REFUNDABLE******

Fees: 1 Performer = **\$45.00** // 2 Performers = **\$65.00** // 3 Performers = **\$75.00**

Please list each performer separately. If a student will be performing on more than one instrument, add an additional **\$15.00** and also list separately.

Guests are **\$5.00** each. For example: 1 performer (**\$45.00**) + 2 guests (**\$10.00**) = **\$55.00** total. If any guests require special accommodations, please let us know.

Total **Performer** Fees..... \$ _____

Total Number of **Guests** Attending x **\$5**..... \$ _____

Total Amount Due \$ _____

- Return all forms to *String Sound Studios, 43 Washington Street, East Setauket NY, 11733.*
- Please either include a check payable to *String Sound Studios* or call us to verify use of your credit card.
- **Please do not include in your monthly lesson fee.**

DEADLINE TO REGISTER IS APRIL 1ST, 2016.



STRING SOUND STUDIOS