

REGISTRATION FORM

Chamber Music Festival for Young Musicians
Music Mountain, Falls Village, CT, July 15 - 20, 2008
(please print clearly)

Name: _____

Age: _____

Instrument: _____

Number of years of study on instrument: _____

Please list any chamber music you have studied and/or performed: *(use back of page)*

Address: _____

E-mail address: _____

Phone: *(home)* _____

(cell) _____

Parent or Guardian name(s): _____

Parent or Guardian phone: _____

Emergency contact name and phone: _____

\$350. deposit enclosed _____ or, Full Tuition of \$850. enclosed _____
(checks payable to "MMCMF")

Please list any allergies:

Please list any prescription medications you would have with you while on the mountain:

Are you a vegetarian? Our chef would like to know. YES____, NO____.
If, YES, do you eat dairy, seafood, etc.?

PARENT OR GUARDIAN'S SIGNATURE: _____