



Instrumental Workshop 2008 Registration Form

Directors Name _____ School _____
School address _____ Phone _____
City, State, Zip _____ e-mail address _____

*Please mail this form and one check including \$20.00 for each registered student to:
Instrumental Workshop 2008 School of Music, Central Michigan University, Mt. Pleasant, MI 48859.
Checks should be made payable to CMU. The postmark deadline is October 24. We are sorry that we cannot
accept faxed registrations. Payment must arrive with registration.*

FLUTE

Name _____ Phone _____
Address _____
City, State, Zip _____
e-mail address _____ Year in School _____

Name _____ Phone _____
Address _____
City, State, Zip _____
e-mail address _____ Year in School _____

CLARINET Bb Bass (circle one or both)

Name _____ Phone _____
Address _____
City, State, Zip _____
e-mail address _____ Year in School _____

Bb Bass (circle one or both)

Name _____ Phone _____
Address _____
City, State, Zip _____
e-mail address _____ Year in School _____

SAXOPHONE Alto Tenor Baritone (circle one or two)

Name _____ Phone _____
Address _____
City, State, Zip _____
e-mail address _____ Year in School _____

Alto Tenor Baritone (circle one or two)

Name _____ Phone _____
Address _____
City, State, Zip _____
e-mail address _____ Year in School _____

OBOE

Name _____ Phone _____

Address _____

City, State, Zip _____

e-mail address _____ Year in School _____

Name _____ Phone _____

Address _____

City, State, Zip _____

e-mail address _____ Year in School _____

BASSOON

Name _____ Phone _____

Address _____

City, State, Zip _____

e-mail address _____ Year in School _____

Name _____ Phone _____

Address _____

City, State, Zip _____

e-mail address _____ Year in School _____

TRUMPET

Name _____ Phone _____

Address _____

City, State, Zip _____

e-mail address _____ Year in School _____

Name _____ Phone _____

Address _____

City, State, Zip _____

e-mail address _____ Year in School _____

TROMBONE

Name _____ Phone _____

Address _____

City, State, Zip _____

e-mail address _____ Year in School _____

Name _____ Phone _____

Address _____

City, State, Zip _____

e-mail address _____ Year in School _____

FRENCH HORN

Name _____ Phone _____
Address _____
City, State, Zip _____
e-mail address _____ Year in School _____

Name _____ Phone _____
Address _____
City, State, Zip _____
e-mail address _____ Year in School _____

TUBA/EUPHONIUM Treble clef Bass clef (circle one or both)

Name _____ Phone _____
Address _____
City, State, Zip _____
e-mail address _____ Year in School _____

Treble clef Bass clef (circle one or both)

Name _____ Phone _____
Address _____
City, State, Zip _____
e-mail address _____ Year in School _____

KEYBOARD Piano Organ (circle one or both)

Name _____ Phone _____
Address _____
City, State, Zip _____
e-mail address _____ Year in School _____

Name _____ Phone _____
Address _____
City, State, Zip _____
e-mail address _____ Year in School _____

PERCUSSION

Name _____ Phone _____
Address _____
City, State, Zip _____
e-mail address _____ Year in School _____

Name _____ Phone _____
Address _____
City, State, Zip _____
e-mail address _____ Year in School _____