

# THE 2<sup>ND</sup> ANNUAL MILLERSVILLE UNIVERSITY SINGLE REED SYMPOSIUM

## Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Primary instrument \_\_\_\_\_

Instructor \_\_\_\_\_

Year in school \_\_\_\_\_

- Yes! I would like to perform in a master class. (Participants will be chosen on a 1st come, 1st serve basis.)

Title of work \_\_\_\_\_

Composer \_\_\_\_\_ Duration \_\_\_\_\_

- I would like to utilize the provided accompanist.

I will play in the festival (choose one):

- Clarinet Choir       Saxophone Choir

Instrument that I will bring to play in the festival choir (If you play more than one, rank your preference.):

- |  |  |                                      |                                       |
|--|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> E-flat clarinet | <input type="checkbox"/> Alto clarinet | <input type="checkbox"/> Soprano sax | <input type="checkbox"/> Tenor sax    |
| <input type="checkbox"/> B-flat clarinet | <input type="checkbox"/> Bass clarinet | <input type="checkbox"/> Alto sax    | <input type="checkbox"/> Baritone sax |

Please return this form to:

Millersville University Single Reed Symposium

c/o Dr. Christy Banks

P.O. Box 1002

Millersville PA 17551-0302

or e-mail your information to:

[christy.banks@millersville.edu](mailto:christy.banks@millersville.edu)