



MASTER CLASS REGISTRATION FORM

Students: Please bring a copy of your music to the Master Class. (REQUIRED!)

MAIL THIS COMPLETED FORM AND PAYMENT TO YOUR LOCAL PLIYH OFFICE

PLEASE PRINT:

Today's Date: ____/____/____

Student's Name: _____

Age: _____

Title of Repertoire: _____

Op. /Work # _____

Tempo Mark: _____

Composer: _____

___ This is my first Master Class

___ This is not my first Master Class

___ I am also auditioning for the Concert Series

___ I am not auditioning for the Concert Series

___ This is my first Concert Series audition.

___ I have played in a PLIYH Concert Series before.

Teacher's Name: _____

Parent(s)/ Guardian: _____

Address: _____

City: _____

State: IL

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Method of Payment: Check # _____ Money Order # _____

___ *Our family is enrolled in the PLIYH Auto Pay Program. Please debit our account for the \$20 Master Class charge.*

___ VISA ___ Master Card Credit Card # _____

Name on Card: _____ Exp. ____/____ 3-Digit Security Code: _____

* How would you like us to verify receipt of payment? (circle one)

Home Phone

Cell Phone

Email

No need to verify receipt of payment