

Student Registration Form

Fill out the form carefully for registration

Student Name

First Name Middle Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Student E-mail

Mobile Number

Area Code Phone Number

Emergency contact phone number

Emergency contact name and relation to yourself

E.g Mary Jones, Mother

Which city/town are you travelling from to attend this workshop?

Do you require accomodation in Christchurch? YES/NO

What instrument do you play?

e.g Violin, Cello

What is highest level of COMPLETED academic study? (i.e Postgrad, Undergraduate, High school)

Who is your current music teacher for the instrument you are applying with?

Please describe your previous experience playing baroque music? (No experience, some experience, significant experience)

Please provide a list of repertoire you have learned (and Baroque works if applicable)

Please list details of your attached recordings (Include Composer, Piece, movement)