Double Reed Day Registration Form

Name: ___________________________
Year in School: _________
Instrument: _________

Address: ________________________________________________________________

E-mail: ___________________________
Phone: ______________________________

School: _____________________________
Band Director: _______________________

Private Instructor's name: ______________________
# of years studied: ___

Have you been in All-District band before?  Yes/No  All-State?  Yes/No

Have you taken a solo to District or State Contest?  Yes/No

If yes, list repertoire and ratings: _____________________________________________
________________________________________________________________________

Would you like to perform on the master class?  Yes/No

If yes, what would you like to play?
________________________________________________________________________

Would you like to schedule a campus visit while you are here?  Yes/No

Return to:
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