

**UNDER 18 YEARS
OF AGE**

**PENN STATE SINGLE REED SUMMIT
Saturday, February 13, 2016**

CONFERENCE REGISTRATION FORM

1. CONFERENCE FEES

◆ **FOR NON-PERFORMING ATTENDEES** **\$10 FOR SATURDAY**

2. INDIVIDUAL REGISTRATION (must also complete PHOTO RELEASE FORM and MEDICAL FORM)

Name: _____

Address: _____

Phone: _____

E-mail: _____

Cell Phone Number: _____

Age: _____

Instrument: (circle one) clarinet saxophone

Individual Registration (\$10 for Saturday) _____ CASH _____ CHECK NUMBER _____ Group Rate Attendee
Make checks payable to: *PENN STATE CLARINET CLUB*

3. PARENT/GUARDIAN INFORMATION (Application Fee Waived When Accompanying Minor)

_____ **CHECK IF STUDENT WILL BE ATTENDING WITHOUT PARENT/GUARDIAN SUPERVISION**

Parent/Guardian's Name: _____ E-mail _____

Cell Phone Number: _____
(for emergency contact during event)

Relationship: _____

By signing below, you understand that you are responsible for the student attending this event.

Print _____ Signature _____ Date _____

4. SCHOOL INFORMATION

School Name: _____

School-City/State: _____

Music Teacher's Name: _____ E-mail _____

Private Teacher: _____ E-mail _____