

# 2018 CHORAL LEADERSHIP DAY

## REGISTRATION FORM

School Name \_\_\_\_\_ Director's Name \_\_\_\_\_

School Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Director's e-mail \_\_\_\_\_

Director's Phone (\_\_\_\_) \_\_\_\_\_

### NOMINATED STUDENTS

*Please provide each student's name next to their voice type.*

*If you are only bringing a single quartet, leave the second quartet blank. If you are nominating students (up to 2) for a voice lesson, please place an asterisk next to the students' names.*

1. SOPRANO: \_\_\_\_\_ Grade \_\_\_\_\_

2. ALTO: \_\_\_\_\_ Grade \_\_\_\_\_

3. TENOR: \_\_\_\_\_ Grade \_\_\_\_\_

4. BASS: \_\_\_\_\_ Grade \_\_\_\_\_

1. SOPRANO: \_\_\_\_\_ Grade \_\_\_\_\_

2. ALTO: \_\_\_\_\_ Grade \_\_\_\_\_

3. TENOR: \_\_\_\_\_ Grade \_\_\_\_\_

4. BASS: \_\_\_\_\_ Grade \_\_\_\_\_

I understand that a check for \$120 (one quartet) or \$240 (two quartets) is due at registration.

Teacher's Signature \_\_\_\_\_

**Please submit this form no later than Wednesday, October 3, 2018.**

You may email it to [zhighben@muskingum.edu](mailto:zhighben@muskingum.edu) or mail to:

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