

# U.P. Day of Percussion

## REGISTRATION FORM

return to: [jstrain@nmu.edu](mailto:jstrain@nmu.edu), txt or scan to  
906.373.9498, or FAX 906.227.2165

NAME \_\_\_\_\_ or SCHOOL \_\_\_\_\_

CONTACT PERSON NAME \_\_\_\_\_

EMAIL of Contact Person: \_\_\_\_\_

CELL/Text Message Phone: \_\_\_\_\_

School/Home/Work Phone: \_\_\_\_\_

LEVEL and Number of PARTICIPANT(S) or ATTENDEE(S) (check one or more)

\_\_\_\_ Middle School; How many? \_\_\_\_\_

\_\_\_\_ High School; How many? \_\_\_\_\_

\_\_\_\_ College/University; How many? \_\_\_\_\_

\_\_\_\_ Educator; How many? \_\_\_\_\_

\_\_\_\_ Professional; How many? \_\_\_\_\_

\_\_\_\_ Public/Parent; How many? \_\_\_\_\_

TOTAL NUMBER ATTENDING: \_\_\_\_\_

I/We \_\_\_\_ WILL or \_\_\_\_ WILL NOT (check one) be performing. If performing, please check each type of event that you would like to participate in as a performer.

\_\_\_\_ SOLO.      \_\_\_\_ ENSEMBLE.      \_\_\_\_ ALL-STAR ENSEMBLE.

If playing a solo or ensemble:

NAME of Performer(s) \_\_\_\_\_

\_\_\_\_\_

TITLE OF PIECE \_\_\_\_\_ COMPOSER \_\_\_\_\_

TIMING OF PIECE \_\_\_\_\_

LIST INSTRUMENTS NEEDED FOR YOUR PIECE \_\_\_\_\_

\_\_\_\_\_  
DUPLICATE THIS FORM IF REGISTERING MORE THAN ONE PERFORMANCE/PERFORMER