

U.P. Day of Percussion

REGISTRATION FORM

return to: jstrain@nmu.edu, or txt scan or pic 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