

HDMTA Spring Adjudication Clinic and Spring Honors Recital, 2011  
**ENROLLMENT FORM**

*PLEASE FILL OUT ONE FORM PER VOICE/INSTRUMENT – THANK YOU!*

Name of Student: \_\_\_\_\_

Composition Title: \_\_\_\_\_

Composer: \_\_\_\_\_

Timed Length: \_\_\_\_\_ Instrument: \_\_\_\_\_

*PLEASE REMEMBER – TIME LIMIT FOR RECITAL PIECES IS FIVE (5) MINUTES – THANK YOU!*

*INFORMATION PROVIDED BELOW WILL BE USED FOR SCHEDULING AND CONTACTING PURPOSES ONLY, AS RELATED TO THE CLINIC AND RECITAL. THANK YOU!*

Teacher: \_\_\_\_\_

Teacher Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Teacher Email Address: \_\_\_\_\_

Accompanist (if any): \_\_\_\_\_

Accompanist Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Accompanist Email Address: \_\_\_\_\_

Preferred Clinic Date (please check):    \_\_\_ April 8, 2011 (Friday)    \_\_\_ April 9, 2011 (Saturday)

\* \* \* If you selected April 8, 2011 (Friday), are you able to come before 3:00 pm?    \_\_\_ Yes    \_\_\_ No

Length Desired:    \_\_\_ 20 minutes (\$20)    \_\_\_ 30 minutes (\$30)

                             \_\_\_ 45 minutes (\$45)    \_\_\_ 60 minutes (\$60)

Are you also enrolling in the Spring Honors Recital?    \_\_\_ Yes    \_\_\_ No

\* \* \* If Yes,

Preferred Recital Date (please check ONE):    \_\_\_ April 30, 2011 (Saturday)    \_\_\_ May 1, 2011 (Sunday)

Time Constraints for Date Selected: \_\_\_\_\_

Do you have siblings singing or playing in the Clinic or Recital?    \_\_\_ Yes    \_\_\_ No

\* \* \* If Yes, please list:

Clinic: \_\_\_\_\_ Recital: \_\_\_\_\_

Are you a Graduating Senior?    \_\_\_ Yes    \_\_\_ No