

CRIMSON HAWKS

CAVALCADE OF CHOIRS

Registration Form

Name of school: _____

Address of school: _____ Zip Code: _____

Name of director(s): _____

School Phone: _____ Home or Cell Phone: _____

E-mail: _____

Approximate Number of Participants: _____

Name of ensemble(s): _____

Students Names for Lessons (as space/time allows)

You may send this information later if you wish to register early and secure your spot!

Instrument

Free lessons offered by IUP faculty to ALL students on ALL instruments! Use back of form

Planned Repertoire (no requirements –can change as needed or submit later)

You may send this information later if you wish to register early and secure your spot!

Grades (√) ___6___7___8___9___10___11___12

Selections:

Selection #1 _____ Composer/Arranger _____

Selection #2 _____ Composer/Arranger _____

Selection #3 _____ Composer/Arranger _____

Make checks payable to **Indiana University of PA Music Department** Send **Registration Form (and \$100 registration fee) To:**

C/O

Dr. Gerrit Scheepers Director of Choral Studies Indiana University of Pennsylvania 111 Cogswell Hall 422
South Eleventh Street Indiana, PA 15705

Or Email To: gscheepe@iup.edu

Make checks payable to **Indiana University of PA Music Department**

You may copy this form for more than one entry

For more information contact: Dr. Gerrit Scheepers gscheepe@iup.edu 417-7550125