**REGISTRATION FORM**

**Name of individual (or, if a group submission, denote name of the teacher here):**

**Phone #: Contact Email Address:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vocal NNa | Vocal (V) or  Instrument  (Veena,  Violin, Flute, Mridangam) etc) | Age  < 16 or  >16 | Participating as:  Individual  (I), or  Group (G) | Member (M)  or  Non-Member  (NM) | If a member of  CAMAGA,   name in which the  membership is  registered. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |