

Chamber Music Weekend Registration Form

Please fill out a separate form for each participant for personal info and playing ability.

Personal Information:

Name _____ Instrument(s) _____

Address _____ City _____ State _____ Zip _____

Phone number (_____) _____ Cell Phone (optional) (_____) _____

Email _____ Facebook group friend? Yes No Invite Me

Age Range (please circle): 18-24 25-40 40-55 55+ Under 18 specify age _____
[Participants younger than 13 must have an adult chaperone.]

Playing ability: _____ ACMP self-rating, if applicable

_____ Beginner: able to sight-read at least hymns or folk-songs, play in 1st and 3rd positions

_____ Intermediate: can play in 1st-5th positions, read most rhythms, hold a part by myself

_____ Advanced: confident reader, capable technique, some chamber music experience

_____ Very Advanced/Pro: confident leader, few technical concerns, solid chamber music experience

Sight-reading (please circle number): very uncomfortable 1 2 3 4 5 6 7 8 9 10 can sight-read anything

Do you currently take lessons? Y N Current repertoire? _____

How often do you play chamber music?

_____ never have _____ hardly ever _____ occasionally _____ frequently _____ regularly _____ daily

Please plan to attend all sessions and performances.

If you must be absent, let us know in advance, so we may schedule groups accordingly.

I regret I must be absent at the following times: _____

Registration Information:

Participant fees <i>include all three meal tickets</i>		Through May 15	After May 15	How many?	Price	
Participant		\$175	\$195			
CMW Alumni participant (<i>discount of \$30</i>)		\$145	\$165			
PARTICIPANT TOTAL						
Guest meal tickets (for non-participants only):		Child (ages 0-6)	How many?	Adult (age 7+)	How many?	Price
Guest Picnic ticket		\$0		\$12		
Guest Candlelight Dinner ticket		\$0		\$20		
Guest Sabbath Lunch ticket		\$0		\$13		
GUEST MEAL TICKET TOTAL						
TOTAL PRICE (Make Checks Payable to Chamber Music Weekend)						

Will you be eating Sabbath Lunch with us? Yes No

All CMW meals are vegetarian. Do you prefer vegan meals? _____

Do any of your guests prefer vegan meals? _____

Mail to : Chamber Music Weekend, P. O. Box 498, Collegedale, TN 37315

Through May 22, 2019 refunds will be 100%. From May 23 through June 5, refunds will be 50%.

We regret that after June 5, we cannot refund any fees.