

Cellospeak, Inc.

Registration Form for the 8th Annual Cello Workshop for Adults Wilson College, Chambersburg PA - July 27 to August 2, 2008

Name: _____ Tel: _____ E-mail: _____
Address _____ City _____ State _____ Zip _____
Person to notify in case of emergency: Name: _____ Tel: _____

Please completely fill out the following questionnaire in order that we will be able to provide the most meaningful workshop experience for you.

Describe your skill level on the cello. Check all that apply:

- I am an absolute beginner, have had little or no previous instruction
 I can read and play simple music in first position
 I can play music in the first 4 positions and with extensions
 I have studied music equivalent to Suzuki Books (circle all) 1 2 3 4 5 6 7 8 9 10
- I play 2 octave scales in C, G, D, A, F, and Bb Maj.
 I play C Maj. in 3 octaves, other Maj. & Min. 2 octaves
 I can play in the tenor clef, treble clef, and thumb positions

Most recent pieces or methods studied/played: _____

I play regularly in (Circle): String Quartet, Cello Choir, Ensemble, Community Orchestra

Sample pieces played in ensembles (specify chamber groups/orchestras) _____

At the workshop this summer:

I will bring this piece to work on: _____ I wish to perform it _____

I wish to work with this partner or group: _____

In the Cello Choir I would prefer to be seated in section I, II, III, or IV: _____ Reason: _____

Other preferences (Instructor, Roommate, etc.): _____

Special Dietary Needs: _____

Workshop Policies

Enrollment is limited to 48 participants. Registrations will be accepted on a "first-come, first-served" basis with priority given to previous participants. Registrations must be received on or before June 1, 2008. The registration form must be accompanied by a Deposit of \$100.00 (non refundable after June 1, 2008). The entire balance of Tuition will be due by June 22, 2008 or a late fee of \$30.00 will be added. For cancellations by July 1, 2008, refund is 100% less deposit. No refunds after July 1, 2008.

Workshop Costs

Participant Tuition, Meals, and Housing: \$970.00 (Until June 21, after which a late fee of \$30.00 is added)

Guest (in double) \$69.00 per night X ___ nights: _____

Total Balance Due (After \$100 Deposit) _____

I, the undersigned, have read the Workshop Policies above and find the terms and conditions acceptable:

Signed: _____ Date: _____

Return this completed application by June 1, 2008. All applications must include a **Deposit of \$100.00** (non-refundable after June 1st)

Payable to: CELLOSPEAK, INC
Mail to: Dorothy Amarandos
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