

REGISTRATION FORM

Please print and mail to:
Earl Raney
146 Court Street
Mansfield, MA 02048

Atlantic Wind Symphony SUMMER POPS BAND 2010

Earl Raney, Music Director & Conductor

Name: _____ Age (13 through adult): _____

Instrument 1: _____ (Approximate level) Intermediate Advanced Professional

Instrument 2: _____ (Approximate level) Intermediate Advanced Professional

Address (including ZIP): _____

Day Phone: _____ Contact me concerning college credit (MUPF 147)

Evening Phone: _____

Cell Phone (optional): _____

Email address (important): _____

Emergency phone and contact name (relationship to participant): _____

Medical history (if relevant): _____

*\$75 per individual, \$25 per additional family member, (non-refundable) participation fee is due with completed form. Checks made payable to the Friends of the Atlantic Wind Symphony (**Do not send cash**).*

(You may charge your participation fee) Credit card number _____ (Exp.) _____

Amount charged to credit card (written in words) _____

Authorized Signature (as it appears on card) _____

I hereby give permission for my child to receive medical treatment if I cannot be reached.

Parent or Guardian signature required

I agree to hold harmless Earl Raney, the Atlantic Wind Symphony, Atlantic Union College, its agents, employees, contractors, and volunteers from any and all claims sustained while participating in this program.

Adult participant or student's parent/guardian signature required

*Atlantic Wind Symphony at Atlantic Union College
1-508-339-3742, raneymusic.com, mail@raneymusic.com*