

SFEMS RECORDER WORKSHOP AT DOMINICAN COLLEGE
JULY 20-26, 2008
REGISTRATION FORM

Please fill in and return ASAP:

Frances Feldon, Director
SFEMS Recorder Workshop
1440 Keoncrest Dr.
Berkeley, CA 94702

PERSONAL INFORMATION

Name _____ Email _____

Street _____

Address _____

City/State/Zip _____

Code _____ Phone _____

Sex ___ Age (optional) ___

Smoker ___ Nonsmoker ___

Whom do we contact in case of an emergency?

Name _____ Email _____

Street _____

Address _____

City/State/Zip Code _____ Phone _____

If you are commuting, do you have a car, and are you willing to carpool with others?

Yes ___ No ___

If you are commuting, do you wish to reserve a meal plan or partial meal plan?

Please check below the meal services you wish to reserve for the week:

___ Breakfast(\$8) ___ Lunch(\$8) ___ (Dinner \$10) ___ (all three)

INSTRUMENT INFORMATION

Please list each instrument you plan to bring with you:

Recorders - Modern or baroque at A=440:

S A T B GtB CtB

Recorders - Renaissance at A=440:

S A T B GtB CtB

Recorders - Baroque at A=440/415 (circle as appropriate):

S A

MUSICAL EXPERIENCE

Have you taken recorder lessons privately?

a) For how long? b) How frequently? c) With whom?

Have you sung/played a modern instrument?

How long, and did you take private lessons?

Have you worked with a conductor and played with a large recorder orchestra, regular orchestra or sung with a chorus before? For how long?

