## REGISTRATION for CAPTA WORKSHOP

Teacher Info: Name				Phone	Email	
	Name	Years of Music study	Grade in	Emergency Contact During Workshop: Name	Emergency Contact: Phone#	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
	TOTAL Student	s Amount \$_				
*TEACHERS, PLEASE MAKE ONE CHECK PAYABLE TO "CAPTA"						
Deadline for forms and payment is February 9th						