

REGISTRATION for CAPTA WORKSHOP

Teacher Info: Name _____ Phone _____ Email _____

	Name	Years of Music study	Grade in school	Emergency Contact During Workshop: Name	Emergency Contact: Phone#
1					
2					
3					
4					
5					
6					
7					
8					
9					
	TOTAL _____ Students	Amount \$ _____			

****TEACHER, PLEASE MAKE ONE CHECK TO CAPTA**

Deadline is February 20th

Send to Dariel Sellers: dj2114@aol.com 112 Dutch Hill Road, Holly Springs 27540

\$12 per student before Feb 20 \$15 per student after Feb 20

