MEA 2011-12 STUDENT RECITAL REGISTRATION FORM

STUDENT RECITAL DATES: September 25, October 16, November 20, February 26, March 25, April 15 and May 6
LOCATION: Madison Public Library, 39 Keep St., Madison, NJ 07940 TIME: 2 and/or 3:15 p.m.
Please complete this form (print clearly) and send at least 14 days before the recital date with a copy of your MEA membership card and a stamped self-addressed envelope to: Rosemary Palmerton, Student Recital Chair (address below). For guidelines, please check the website under Student Recitals.

I would like to present the following pupil(s) in the Student Recital on Sunday (fill in date) _____.

I. Student _____ Phone _____ Age ____ Years of study _____

Selection/Op. No. Composer Performance Time

1._____

2._____

II. Student _____ Phone _____ Age ____ Years of study _____

Selection/Op. No. Composer Performance Time

1._____

2._____

III. Student _____ Phone _____ Age ____ Years of study _____

Selection/Op. No. Composer Performance Time

1._____

2._____

I understand that each teacher is allowed **10 minutes.** This may be divided among three pupils, or one pupil may take **8 minutes.** No performer is permitted to run over time. Selections are limited to two per pupil.

Teacher's Signature _____

Home Phone _____ **Cell** _____

Do not write below this line; the bottom portion will be returned to you.

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Dear _____,

Your pupil(s) _____is (are) scheduled to perform in the Student Recital at the Madison Public Library on Sunday, _____ at _____PM. Please advise your pupil(s) to arrive **15 minutes before** the program time to check in, and that there is **a suggested donation of $10**. Please notify me as soon as possible before the program if a student is unable to perform: **973-572-2076.** Thank you.

Mrs. Rosemary Palmerton, 806 Morris Turnpike, Apt. 1-I, Short Hills, NJ 07078