

DAY OF WOODWINDS AT COLUMBIA COLLEGE
Saturday, February 25, 2012, 9:00am - 4:00pm

REGISTRATION FORM

Name _____

School _____

Address _____
(Street)

Grade _____

(City, State, Zip Code)

Band Director _____

Phone Number _____

Email address _____

Instrument _____

How many years of study _____

Do you take private lessons ____ yes ____ no

Please list below any performance experiences outside your school such as Region or All State Band (year and chair), community band participation, youth or church orchestra, etc.

Please enclose a check or money order to Columbia College in the amount of \$25 with this form and mail to:

**Dr. Randolph D. Love
Day of Woodwinds at Columbia College
1301 Columbia College Drive
Columbia, SC 29203**

Registration deadline: February 23, 2012
