

CROSSING TO SCOTLAND IN THE CATSKILLS—ABBY NEWTON CELLO RETREATS



Office use only _____

Last Name _____

Date _____

Rec / Due _____

REGISTRATION FORM

Retreat Price is \$600

Early Bird by May 15, \$550

MAIL Form / Payment to:

Abby Newton, PO Box 67, Shokan, NY 12481

(Checks made out to Abby Newton)

I AM REGISTERING FOR: (Circle dates / preference)

Summer ___ July 14-17, Intermediate

Fall ___ Sept 15-18, Intermed/Advanced

I will ___ bring ___ need to rent ___ Cello

PLEASE PRINT:

Name:

Address:

Telephone:

Email:

Brief description of music background:

Describe your experience learning by ear.

Your personal goals and challenge areas and how this workshop will be useful.

Other skills and interests: (eg. Hiking, camping, cooking, swimming, reading, etc)

MEDICAL RELEASE FORM

In the event of a medical emergency I hereby authorize medical care.

Signature: _____ **Telephone:** _____

Address: _____

Insurance Company and Policy #: _____

Medicines allergic to: _____

Physician and telephone #: _____

Any Dietary Restrictions: _____

Any existing physical condition Cello Retreat should be aware of: _____

