

# 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 June 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 13-16

Fall \_\_\_ Sept 14-17

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: \_\_\_\_\_

