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 1, $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 9-12 **Fall ___ Sept 24-27**

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: _____