## Registration for The Orchestra Symposium 2025 June 9 – June 14, 2025

First Name		Last Name		
Street Address _				
City		State	<b>Z</b> ip	
Email address:  Emergency Contact Name and Phone #:				
Single Room:	(\$740)	Double (shared) I	Room:	(\$590 per person)
If Double, Room	mate's Name:			
(Roommate mu	ıst also register s	separately)		
If yes to any of these,	or if you have other	the Charlotte International Air special concerns, please call to IED in availability. First-come	discuss. 919-30	02-4400
Vegetarian:	Vegan:	Gluten-Free:	Food .	Allergies:
Your estimated p	playing skill lev	el: (Beginner=1; Advar	nced=5) _	
_		neck all that apply: _ bowed _ hammered	1	other (please specify)
Kirk House	ır completed for	m and your check to:		
P.O. Box 17173 Winston-Salem, N	JC 27104			
· · · · · · · · · · · · · · · · · · ·		by credit card, please	check here:	