

COOPERATIVE RECITAL APPLICATION FORM

READ RULES CAREFULLY. USE THIS FORM (or a copy). TEACHER, PLEASE FILL APPLICATION COMPLETELY.

Student Name (print) _____

Address _____

City/State/Zip _____

Phone (____) _____ - _____ Age _____ Years/study _____

e-mail: _____

Teacher _____

Phone (____) _____ - _____

e-mail: _____

Instrument _____

Accompanist (where applicable) _____

Composition (s): give precise title, composer, and length

1. _____

_____ Min. _____ Sec. _____

2. _____

_____ Min. _____ Sec. _____

Closely estimate TOTAL playing time in Min. _____ Sec. _____

Please indicate (Circle One): Solo; 1 Piano 4 Hands; 2 Pianos; or Ensemble

Recital Date (Check One) _____ **November 23, 2024**, 3:30 p.m.

_____ **February 16, 2025**, 1:00 p.m.

_____ **April 6, 2025**, 1:00p.m.

(Requests for specific times not guaranteed. Chairman will inform teachers prior to each recital).

I give permission for my or my child's photo to be used by CMTA.

Signature: _____

Fee: \$10.00 (non-refundable) to be paid to teacher. Teachers: remit one check to CMTA with the applications.

Send to: Kathleen Sadoff (614-984-7513)

5006 Cadogan Place
New Albany, OH 43054