

Shadow Day Registration Form

Personal Information

Name:

Date of birth:

Phone Number:

Current Address:

City:

State:

ZIP code:

Email Address:

Do you have any interest in:

- General Music Department Information ☐
- Scholarship Information ☐
- Bands ☐
- Choirs ☐
- Orchestra ☐
- Music Education ☐

High School Information

Name:

Phone Number:

Address:

Director:

Band/Orchestra/Choir?

Year in school?

Primary instrument/vocal
part?

Graduation Year?

Preferred Contact

Name:

Relation:

Phone:

Address:

Email Address:

Shadow Day Information

Will anyone be attending other than yourself (parents)? If so, how many?

Please check two ensembles that you would be interested in seeing:

- Band ☐
- Choir ☐
- Orchestra ☐