



MEA 2016-17 STUDENT RECITALS REGISTRATION FORM

Before registering, please read the guidelines found on the **STUDENT RECITALS** webpage.

Online registration is available from your **MEMBER HOMEPAGE**.

Recitals at Chase Auditorium at the Madison Library, 39 Keep St. will be held at 2:00 and/or 3:15 PM on Sundays: October 30, November 20, February 5, March 5, April 2, and May 7.

Forms must be postmarked by: October 9, October 30, January 15, February 12, March 12, and April 16.

Any questions should be addressed to: **studentrecitals@mea-nj.org**.

Teacher, First and Last Name	
Address	
Email Address	

I would like to present the following pupil(s) in the Student Recital on Sunday, _____

I. Student _____ Phone _____ Age ____ Years of study ____
Selection Op. # Composer Performance Time

1. _____

2. _____

II. Student _____ Phone _____ Age ____ Years of study ____
Selection Op. # Composer Performance Time

1. _____

2. _____

III. Student _____ Phone _____ Age ____ Years of study ____
Selection Op. # Composer Performance Time

1. _____

2. _____

I understand that each teacher is allowed **10** minutes. This may be divided among three pupils, or one pupil may take **8** minutes. No performer is permitted to run over time. Selections are limited to two for each pupil.

Teacher's Signature _____

Home Phone _____ Cell _____

Upon receipt of this registration form, teachers will be notified by email or phone by Recital Chair or Hostess.

Please send this form, postmarked by the dates above to:
Student Recital Chair, P.O. Box 32, Madison, NJ 07940