

PRIZM Chamber Music Festival

A non-refundable deposit of \$100 is required at the time of registration. An invoice will be sent for the remainder of the total registration fee of \$325. Make checks payable to The PRIZM Ensemble of Memphis and mail to:

PRIZM Ensemble
P.O. Box 171361
Memphis, TN
38187-1361

PARTICIPANT INFORMATION

(* = required field)

First Name: * _____ Last Name: * _____

Address: * _____

City: * _____ State: * _____ Zip Code: * _____

Email: * _____ Phone: * _____

Instrument: * _____ T-Shirt Size S M L XL Other _____

Date of Birth: * _____

Number of years playing instrument: * _____ Number of years of private instruction: * _____

Private Teacher: * _____

School Attended (if applicable) _____

Parent or Guardian's Name: _____

Parent or Guardian's Email: _____

Food Allergies: _____

Medical Allergies: _____

Additional Health Concerns: _____

Current Prescription Medications: _____

Do you have a preformed group attending the festival? If so, please list the other members of the group and their instruments.

Preformed group: _____

How did you find out about us? _____