 **TYMA STUDENT RECITALS REGISTRATION FORM**

Before registering, please read the Student Recitals section (under Members) of our webpage.

Registration forms are also located on our webpage under Members. Download and complete this registration form (**forms must be typed**) and mail to TYMA Recital Coordinator, 513 Warrenville Road, Warren, NJ 07059.

Recitals will be held at the TYMA Recital Hall, 513 Warrenville Road, Warren, NJ 07059 at 1:00 p.m. and/or 3:00 p.m. on the following Sundays: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send any questions to njtyma@hotmail.com.

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Teacher’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Phone #: (Home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following student(s) will participate in the Student Recital to be held on Sunday, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Student #1**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Years of study \_\_\_\_\_

 Name of Piece (incl. Op. #) Composer Performance Time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Student #2**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Years of study \_\_\_\_\_

 Name of Piece (incl. Op. #) Composer Performance Time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Student #3**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Years of study \_\_\_\_\_

 Name of Piece (incl. Op. #) Composer Performance Time

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I have read and agree to the Student Recitals guidelines. I understand that each student can perform no more than 2 pieces and that each teacher is allowed no more than 10 minutes, which may be divided among three pupils.

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 Teacher Signature Date

**Upon receipt of this registration form, teachers will be notified by email by the Recital Coordinator**.