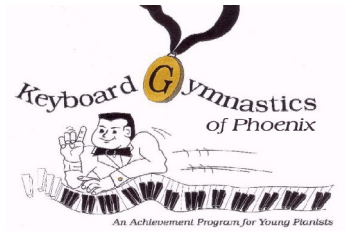


REGISTRATION FORM

Keyboard Gymnastics of Phoenix Ensemble Event



Oct 14, 2006

Registration Deadline: Oct 2, 2006

Registration Fee: \$5.00 per student (unless pre-paid)

Teacher Name _____ Phone _____ E-Mail: _____

Address: _____

Number of Students Entered: _____ Amount Enclosed: _____ (indicate if pre-paid)

Teacher, please sign below:

I have read and agree to abide by all participation requirements: _____

I have a Keyboard Gymnastics Program Manual: _____

Send via electronic or snail mail to:

Liz G. Owens * 16020 N. 52nd Place * Scottsdale, AZ 85254 * lizmo1@juno.com

Please complete for each student. Make copies as needed.

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Student's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ Part \_\_\_\_\_ (sec, primo, etc.)

Title: \_\_\_\_\_ Composer: \_\_\_\_\_ Length: \_\_\_\_\_

Partner Name: \_\_\_\_\_ Please circle one: Concerto Duet Trio

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Student's Name _____ Age/Grade _____ Part _____ (sec, primo, etc.)

Title: _____ Composer: _____ Length: _____

Partner Name: _____ Please circle one: Concerto Duet Trio ~ ~ ~

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Student's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ Part \_\_\_\_\_ (sec, primo, etc.)

Title: \_\_\_\_\_ Composer: \_\_\_\_\_ Length: \_\_\_\_\_

Partner Name: \_\_\_\_\_ Please circle one: Concerto Duet Trio

~~~~~

Student's Name _____ Age/Grade _____ Part _____ (sec, primo, etc.)

Title: _____ Composer: _____ Length: _____

Partner Name: _____ Please circle one: Concerto Duet Trio

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Student's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ Part \_\_\_\_\_ (sec, primo, etc.)

Title: \_\_\_\_\_ Composer: \_\_\_\_\_ Length: \_\_\_\_\_

Partner Name: \_\_\_\_\_ Please circle one: Concerto Duet Trio