

STUDENT REGISTRATION FORM

KEYBOARD GYMNASTICS OF PHOENIX [YEAR: _____]

STUDENT INFORMATION	TEACHER INFORMATION
NAME: _____ GRADE: _____ AGE: _____	NAME: _____ E-MAIL: _____ PHONE: _____

[✓] INDICATE THOSE EVENTS IN WHICH STUDENT WILL PARTICIPATE:

FOR EACH EVENT, CIRCLE THE LEVEL AT WHICH STUDENT WILL ENTER:

	THEORY	A	B	C	D	E	F	G	H	I	J	T1	T2		
	EAR-TRAINING	A	B	C	D	E	F	G	H	I	J	T1	T2		
	SIGHT-READING	A	B	C	D	E	F	G	H	I	J				
	TECHNIC P1 P2 P3	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	CREATIVE PROJECT														
	ENSEMBLE														
	PERFORMANCE														

FEE FOR EACH EVENT ENTERED:	\$ _____
NUMBER OF EVENTS ENTERED:	_____
TOTAL FOR ALL EVENTS ENTERED:	\$ _____
AMOUNT PAID:	\$ _____
CHECK #:	_____