

## The 66<sup>th</sup> Summer School, 2017 Registration Form

Please complete in capital letters and return one registration form per person between May 9<sup>th</sup> and May 27<sup>th</sup>, 2017. (E-mail: [teri@suzukimethod.or.jp](mailto:teri@suzukimethod.or.jp))

(Fields marked \* must be completed.)

<b>First Name*</b>			
<b>Middle Name</b>			
<b>Family Name*</b>			
<b>Nationality</b>		<b>Age*</b>	
<b>Gender</b>	<input type="checkbox"/> male	<input type="checkbox"/> female	

<b>The Name of one person who will be the Representative for Your Family or Group*</b>

If you are the representative of your family or group, include your contact information

<b>Address*</b>	
<b>Zip Code</b>	
<b>Telephone No.</b>	
<b>Fax No.</b>	
<b>Email Address*</b>	

All Applicants should select a Registration Category

<b>Registration Category*</b> (check one)	<input type="checkbox"/> Student	<input type="checkbox"/> Teacher Observer
	<input type="checkbox"/> Accompanying Family Member	
	<input type="checkbox"/> Accompanying Preschool Child	

If you register as "Student" or "Teacher Observer", check one below

<b>Instrument*</b>	<input type="checkbox"/> Violin	<input type="checkbox"/> Cello	<input type="checkbox"/> Flute	<input type="checkbox"/> Piano	<input type="checkbox"/> Viola
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<b>Do you want to purchase an Evening Concert ticket?*</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you want to purchase a Summer School shuttle bus ticket?*</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>What languages can you speak?</b>	
<b>Can you speak Japanese?</b>	
<b>Can you speak English?</b>	
<b>Is your Japanese or your English better?</b>	

**Only Students need to fill out this page;**

Your Teacher's Name		
Is your teacher a Suzuki teacher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are your teacher's Suzuki qualifications?		

Select your morning class from the "Class List" on *Attachment 1*;

Class No.*	
Piece Name*	

Students in Class No. 20-27, or 47-52, may also join string orchestra by selecting the class and part below.

String Orchestra Class*	<input type="checkbox"/> Participate in Class A (for Class No.26-27, 51-52)			
	<input type="checkbox"/> Participate in Class B (for Class No.20-25, 47-50)			
	<input type="checkbox"/> Not participate in			
Part*	<input type="checkbox"/> 1 <sup>st</sup> Violin	<input type="checkbox"/> 2 <sup>nd</sup> Violin	<input type="checkbox"/> Viola	<input type="checkbox"/> Cello

If you are a Cello student, check your chair size

Cello Chair	<input type="checkbox"/> Red	<input type="checkbox"/> Green	<input type="checkbox"/> Blue	<input type="checkbox"/> Large
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If you are a Piano student, fill out the information below.

Do you want to perform in a Piano Concert?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performance Piece		
Performance Time		

Do you want to participate in the Four Hand Piano Class?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Class No.		
Piece Name & Part		

(The Class No. and Piece Name & Part are listed in *Attachment 1*.)