



AZUSA PACIFIC
UNIVERSITY

School of Music
Summer Symposium in Choral Music
June 23-27, 2008
Registration Form

Name: _____

Address: _____

City, State, Zip: _____

EXPERIENCE WITH THESE CHOIR TYPES (mark all that apply)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Children | <input type="checkbox"/> Jazz |
| <input type="checkbox"/> Boys | <input type="checkbox"/> SATB/Mixed |
| <input type="checkbox"/> Girls | <input type="checkbox"/> Ethnic & Multicultural |
| <input type="checkbox"/> Men | <input type="checkbox"/> Show Choir |
| <input type="checkbox"/> Women | |

My **primary** choir type is: _____

ACTIVITY AREAS (mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Community |
| <input type="checkbox"/> Jr. High/Middle School | <input type="checkbox"/> Music in Worship |
| <input type="checkbox"/> Senior High School | <input type="checkbox"/> Professional |
| <input type="checkbox"/> ACDA student chapter | <input type="checkbox"/> Supervisor/Administrator |
| <input type="checkbox"/> Two-year College | <input type="checkbox"/> Youth & Student Activities |
| <input type="checkbox"/> College & University | |

My **primary** activity area is: _____

Please send registration form with \$200 fee using the following options:

- Check (enclosed) Visa MasterCard Discover

Card Number: _____

Card Expiration Date: ____/____/20____/____

Authorized Signature: _____ Date: _____

Card Holder Name & Billing Address: _____

Please make payments to Azusa Pacific University and mail to:

School of Music
Attn: Donna Bearman
901 E Alosta Ave
Azusa, CA 91702

Or you may fax form with credit card information to 626-969-7419