

HMTA STUDENT RECITAL REGISTRATION FORM

All recitals are held at St. John's Episcopal Church, 679 Farmington Ave., West Hartford, CT 06119

Recital I Saturday, November 9, 2019 | Postmark Deadline: October 26

Recital II Sunday, February 9, 2020 | Postmark Deadline: January 26

Recital III Saturday, March 28, 2020 | Postmark Deadline: March 14

Recitals begin promptly at 2:00pm and 4:00pm. Performers should arrive early to check in with the recital host & have a chance to try out the piano or sound check the performance space.

Teachers, kindly remind parents that no changes to the program will be made once the programs are printed, especially with regard to recital order. Additionally, the recital host will not be asked nor obligated to make changes to the recital order at the recital.

*Complete & send this form and registration fee to **Rebecca Calissi, 56 Clinton Drive, South Windsor, CT 06074**
Registration fee is \$10.00 per student; make checks payable to **Hartford Music Teachers Alliance**
Teachers may elect to send one check for all of their students*

(please write legibly)

Student Name _____ **Instrument** _____

___ Please check here if the above student needs to perform on the same recital as a sibling;

Name of Sibling _____

Student Level (please circle): Beginner Elementary Intermediate Advanced

Teacher _____ **Teacher Email** _____

Preferred Recital Time (please circle): 2pm 4pm either

Repertoire: *Please list it as you wish for it to appear on the program; if applicable, also include opus number, key, movement number and tempo markings, etc.*

1. Title: _____

Composer: _____

2. Title: _____

Composer: _____

3. Title: _____

Composer: _____

Total Playing Time: _____ (Maximum playing time should not exceed 6 minutes)

Student Name _____ **Instrument** _____

___ Please check here if the above student needs to perform on the same recital as a sibling;
Name of Sibling _____

Student Level (please circle): Beginner Elementary Intermediate Advanced

Teacher _____ **Teacher Email** _____

Preferred Recital Time (please circle): 2pm 4pm either

Repertoire: *Please list it as you wish for it to appear on the program; if applicable, also include opus number, key, movement number and tempo markings, etc.*

4. Title: _____

Composer: _____

5. Title: _____

Composer: _____

6. Title: _____

Composer: _____

Total Playing Time: _____ (Maximum playing time should not exceed 6 minutes)

Student Name _____ **Instrument** _____

___ Please check here if the above student needs to perform on the same recital as a sibling;
Name of Sibling _____

Student Level (please circle): Beginner Elementary Intermediate Advanced

Teacher _____ **Teacher Email** _____

Preferred Recital Time (please circle): 2pm 4pm either

Repertoire: *Please list it as you wish for it to appear on the program; if applicable, also include opus number, key, movement number and tempo markings, etc.*

7. Title: _____

Composer: _____

8. Title: _____

Composer: _____

9. Title: _____

Composer: _____

Total Playing Time: _____ (Maximum playing time should not exceed 6 minutes)