

Summer Symphony Registration

Name: _____

Grade (as of Sept 2011): _____

Phone: _____ Cell: _____

Address: _____

E-mail: _____

Instrument: _____

Years Playing: _____

Play in School Orchestra? _____

Parent(s)/Guardian: _____

Amount enclosed (\$140 per participant) _____

Check No. _____ (Payable to NJWA)

Visa ____ MasterCard ____

Acct. # _____

3-digit code: _____ Exp. Date: _____

Signature: _____

**New Jersey Workshop for the Arts
150-152 East Broad St.
Westfield, NJ 07090**

Office Use only:

Check Number: _____ Amount: \$ _____

Date: _____ Amount: \$ _____

Authorization # _____