NEW HORIZONS BANDS REGISTRATION FORM
FALL 2014 TERM: September 4 – December 11

NAME: _________________________________________________________________________

ADDRESS: ____________________________________________________________________

CITY: ___________________________________________ STATE/ZIP: _____________________

PHONE: _________________________ EMAIL: ________________________________________

Choose one:

DATE OF BIRTH ___________________ + MAIDEN NAME/FORMER NAME __________________
Social Security # ___________________ + MAIDEN NAME/FORMER NAME __________________

I am registering for (check one or more):

____ Concert Band (intermediate/advanced only) ______ Beginners Band (learning to play)
____ Jazz Band (intermediate/advanced players only)

Please place a check next to your instrument. If the instrument is different for separate ensembles, please indicate a ”C” for Concert Band, ”B” for Beginners Band, ”J” for Jazz Band:

_____ FLUTE _______ BARITONE SAX _______ TUBA
_____ OBOE _______ TRUMPET/CORNET _______ PERCUSSION
_____ BASSOON _______ HORN _______ GUITAR (jazz/rock)
_____ CLARINET _______ TROMBONE _______ PIANO (jazz/rock)
_____ BASS CLARINET _______ EUPH/BARITONE _______ BASS GUITAR (jazz/rock)
_____ ALTO SAXOPHONE _______ treble clef _______ STRING BASS (jazz/concert)
_____ TENOR SAXOPHONE _______ bass clef _______ DRUM SET (jazz/rock)

Have you had previous musical background?  Yes________  No________
If yes, please explain: ______________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

COST:
☐ $90.00 - Concert Band or Beginners Band only
☐ $90.00 - Jazz Band only
☐ $145.00 – Concert Band AND Jazz Band
☐ $20.00 – NHB Performance Shirt (red): (must be worn for all performances)

Check Size:  ☐ S  ☐ M  ☐ L  ☐ XL  ☐ XXL  ☐ XXXL

PAYMENT METHOD:
CHECK/MONEY ORDER (Made payable to “University of Dayton”)
CREDIT CARD:  VISA _______ DISCOVER _______ MASTER CARD _______
CARD #: __________________________________ EXP. DATE: __________________

SIGNATURE: _______________________________________________________________________

Return completed form to: Special Programs and Continuing Education
University of Dayton / 300 College Park
Dayton, OH 45469-7011 / 937-229-2347

Or send to: Dquillen1@udayton.edu / (937) 229-3500 Fax
Or call Denise: 937-229-2347 to register by phone