



**NEW HORIZONS BANDS REGISTRATION FORM
SPRING 2015 TERM: January 22 – April 23**

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 Instruction (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:

- | | | |
|--|---|---|
| <input type="checkbox"/> FLUTE | <input type="checkbox"/> BARITONE SAX | <input type="checkbox"/> TUBA |
| <input type="checkbox"/> OBOE | <input type="checkbox"/> TRUMPET/CORNET | <input type="checkbox"/> PERCUSSION |
| <input type="checkbox"/> BASSOON | <input type="checkbox"/> HORN | <input type="checkbox"/> GUITAR (jazz/rock) |
| <input type="checkbox"/> CLARINET | <input type="checkbox"/> TROMBONE | <input type="checkbox"/> PIANO (jazz/rock) |
| <input type="checkbox"/> BASS CLARINET | <input type="checkbox"/> EUPH/BARITONE | <input type="checkbox"/> BASS GUITAR (jazz/rock) |
| <input type="checkbox"/> ALTO SAXOPHONE | <input type="checkbox"/> treble clef | <input type="checkbox"/> STRING BASS (jazz/concert) |
| <input type="checkbox"/> TENOR SAXOPHONE | <input type="checkbox"/> bass clef | <input type="checkbox"/> 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
- \$135.00 – Concert Band AND Jazz Band
- I would like to contribute to the *NHB Endowment Fund*. Enclosed please find my donation.
- \$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