

# Request to Register for Chamber Ensemble

# SCHOOL OF MUSIC

Return form to Rm 100.

UNIVERSITY OF MINNESOTA

**Driven to Discover**

## Your Information

Name		<input type="checkbox"/> Needs registration Status <input type="checkbox"/> Music Grad <input type="checkbox"/> Music Undergrad
Applied Instructor		
Email	Phone Number	

## Chamber Ensemble Information

Ensemble Type (string trio, woodwind quintet, etc)	Semester and Year of Registration
Preferred Faculty Coach	
Additional Notes – <i>Include preferred repertoire requests.</i>	

Already have a group in mind? Please fill out their information below. Be sure to have all members initial next to their name.

## Participant Information

Name		<input type="checkbox"/> Needs registration Status <input type="checkbox"/> Music Grad <input type="checkbox"/> Music Undergrad
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**For Piano/Organ Students Only**

Ensemble Format – <i>Select one or more of the following</i>				
<input type="checkbox"/> Chamber Music	<input type="checkbox"/> Piano duets or duos	<input type="checkbox"/> Accompany	<input type="checkbox"/> No preference	

Faculty coach signature \_\_\_\_\_

Chamber Coordinator signature \_\_\_\_\_