

ACMS ADULT ENSEMBLE REGISTRATION FORM

Ensemble Name: _____

Ensemble Contact Person - Name: _____ Instrument: _____

Address: _____ City/State/Zip: _____

Email: _____

Phone: _____ (circle) Home Work Cell

ACMP rating: _____ (<http://www.acmp.net/ratings>)

Additional Member 1 - Name: _____ Instrument: _____

Address: _____ City/State/Zip: _____

Email: _____

Phone: _____ (circle) Home Work Cell

Additional Member 2 - Name: _____ Instrument: _____

Address: _____ City/State/Zip: _____

Email: _____

Phone: _____ (circle) Home Work Cell

Additional Member 3 - Name: _____ Instrument: _____

Address: _____ City/State/Zip: _____

Email: _____

Phone: _____ (circle) Home Work Cell

Additional Member 4 - Name: _____ Instrument: _____

Address: _____ City/State/Zip: _____

Email: _____

Phone: _____ (circle) Home Work Cell

Additional Member 5 - Name: _____ Instrument: _____

Address: _____ City/State/Zip: _____

Email: _____

Phone: _____ (circle) Home Work Cell

TITLE(S) OF REPERTOIRE TO BE COACHED:
