

Musical Expressions Recital Sign-up Sheet, Winter 2017

1. Please check your teacher's availability and give us **as many choices as possible**. Please **keep in mind that many teachers gave us more than enough choices and I will need to consolidate their schedules after I receive your form**. If your choices are limited, **your teacher may not be present at the recital**.
2. Please indicate your order of preference from 1-5 (1 as a first choice). **Please try to pick different dates rather than choices on the same day**.
3. If you do not have a preference among your choices, please put check marks.
4. If you would like to be in the same recital as your friend, please coordinate this **before** you select your choices and make a note of who you would like to be with in the recital.

Recital Dates and Times

Saturday, January 28

_____ 10:30 AM _____ 11:45 AM _____ 1:00 PM _____ 2:15 PM

Sunday, January 29

_____ 1:30 PM _____ 2:45 PM _____ 4:00 PM _____ 5:15 PM

Student Name(s) _____ Teacher(s) _____

Should you wish to share a recital with a specific friend, you must coordinate your times before you turn in your signup sheet and make a note on both sheets. If your choices are different, I cannot coordinate for you.

Phone number _____ E-mail (if you use often) _____

Form must be received by **Dec. 28th**. Confirmations will be mailed during the week of Jan. 2nd

Fax: (301) 530-6203 (between 7:00 am and 11:30 pm please)

Address: Musical Expressions
 10503 Redosier Ct.
 Bethesda, MD 20814

*You may leave your form in the church mailbox, but it *must* be there by **Dec. 28th**