



Level X Medal and Recital Registration Form

(to be completed by all eligible Level X candidates)

Name of Student: _____ Phone: _____

Address: _____

Name of Teacher: _____ Phone: _____

Address: _____

(If transfer student, list previous teacher) _____

Syllabus Participation by Candidate (list level and year of successful participation)

Lower Division: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Upper Division: 7 _____ 8 _____ 9 _____ 10 _____

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My student \_\_\_\_\_ will play in the Level X Recital TBA

He/She will play \_\_\_\_\_ by \_\_\_\_\_

Length of piece \_\_\_\_\_ minutes \_\_\_\_\_ seconds

OR

\_\_\_\_\_ My student will not play in the Level X Recital. I enclose \$2.00 to cover postage and handling. Please send the medal to: \_\_\_\_\_ student \_\_\_\_\_ teacher

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I understand that the selection to be played does not exceed 5 minutes. I understand that this application must be received by the recital chair, **Claudia A. Hegberg**, no later than May 25th for my student to receive his/her medal and/or play in the state recital.

Signature of Teacher _____ Date _____

RETURN THIS FORM TO:

Claudia A. Hegberg; 1525 SW 208th Ave, Beaverton OR 97006-1561

Thank you for your help in facilitating this recital/medal program. If each of you assumes responsibility for your student(s), this recognition of our Level X Syllabus students will continue to be a success. Many thanks for your cooperation.