



**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 ~~gxcnvcvqpp~~)

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.