

# Morning String Workshop Registration Form

Please complete this registration form, and return to:

Morning String Student Workshop  
c/o Dr. Robert Gillespie  
School of Music  
The Ohio State University  
1866 College Road  
Columbus, OH 43210-1170

**Registration must be postmarked by June 2, 2008.** Please send payment of \$209 for the workshop with the completed workshop registration form.

Make checks payable to:  
*The Ohio State University*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Student's Age \_\_\_\_\_ Current Grade \_\_\_\_\_

School \_\_\_\_\_

Instrument \_\_\_\_\_ Years studied \_\_\_\_\_

Orchestra Teacher \_\_\_\_\_

Private Teacher (if any) \_\_\_\_\_ Yrs. Of Private Instruction \_\_\_\_\_

Playing Experience \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_