

OUTSTANDING SOLOIST REGISTRATION FORM

University of Wisconsin-Whitewater

Fall High School Choral Festival

October 20, 2009

***** Registration Deadline: October 10, 2009 *****

Student's Name _____

Year in School (circle) freshman sophomore junior senior

School Name _____

Director's Name _____

Director's Mailing Address _____

City, State, Zip _____

Director's Email _____

Director's School Phone _____

Student's Voice Type (circle) soprano alto tenor bass

Selections to be performed (list title and composer or arranger):

1. _____

2. _____

Will you require and accompanist if selected for the Festival Concert? yes no

Student's Signature _____

Director's Signature _____

Send Registration Form by October 10 to:

Robert Gehrenbeck
Music Department
UW-Whitewater
800 West Main Street
Whitewater, WI 53190

Please note: Send this Outstanding Soloist Registration Form to the address given above.
Send Festival Registration Form to address given on the invitation letter. Thank you.