

Application Form for Master Class Participation

Name: _____

Contact information: Email: _____

Telephone: _____

Piece prepared for Master Class:

Date of Master Class: _____

Fees: **Must accompany this application!**

Student of Members of NLRMTA \$25.00

Other Students \$30.00

Signature of Applicant or Parent: _____

Please mail to Barbara Clarke, 86 Old Topsail Road, St. John's, NL A1E 2A8
peter.clarke@nf.sympatico.ca