



District of Columbia Federation of Music Clubs

Junior Recitals Application

Recital Date _____

Teacher's Name _____ Telephone _____

Piano ____ Vocal ____ Other ____ Email _____

Student's Name _____ Age ____ Length of Study _____

Pieces 1. _____ Composer _____ Time _____

2. _____ Composer _____ Time _____

Student's Name _____ Age ____ Length of Study _____

Pieces 1. _____ Composer _____ Time _____

2. _____ Composer _____ Time _____

Student's Name _____ Age ____ Length of Study _____

Pieces 1. _____ Composer _____ Time _____

2. _____ Composer _____ Time _____

I acknowledge that I have read the rules of DCFMC recitals and agree to abide by them.

Teacher's signature _____

Signature here grants D.C. Federation of Music Clubs permission to use images of you/your child on the web-site and/or other publications for the purpose of advertising and promotion either with _____ or without _____ identification.

Parent Name (please print)

Parent Signature

Date

PLEASE ATTACH A CHECK FOR \$10 FOR EACH PUPIL AND MAIL TO THE CHAIRMAN LISTED FOR THIS RECITAL DATE