

CAPMT/MTAC JOINT RECITAL FORM

Name of piece	Composer	Level	Length
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

_____	Student's Name	_____	Age
_____	Teacher's Name	_____	Phone

Mail to: Chairperson of this event
as listed in the Branch Directory

\$8 per entry
\$4 parking fee --
(daily permits SRJC campus)

No later than the preceding Friday! No Exceptions!!!!
Concert Attire Please!! No running shoes or bare feet!!!