

Registration Form

Name: _____ Age: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone No: () _____

E-mail: _____

Teachers with whom you have studied:

Most recent academic/performance experience:

Signature of Applicant: _____

Signature of Parent or Guardian (required if applicant is under 18 years of

age): _____

New applicant should send a tape or CD of your recent playing along with \$25.00 non-refundable application fee made payable to "Lucarelli Oboe Master Class" by July 1, 2012 to the following address:

**Lucarelli Oboe Master Class
116 Riverside Drive
Norwell, MA 02061**