



## 2025 ChamberFest Adult Workshop Registration Form

Participant Name: \_\_\_\_\_ Personal Pronouns: \_\_She/Her \_\_He/Him \_\_They/Them

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency/Medical Notes (please include food allergies):  
\_\_\_\_\_  
\_\_\_\_\_

Instrument and Years Studied: \_\_\_\_\_

Indicate your Playing Level (circle one): Novice, Intermediate, Advanced, Expert

I am interested in Overnight Accommodations (circle one) Yes No

Photo Permission (circle one) Yes No

In the event that participants in the program may be included in any newspaper, radio, television, internet publicity, or other materials promoting the program, please indicate your preference. Submission of this form will serve as your signature.

Teacher Name and Contact (if applicable): \_\_\_\_\_

Chamber Music Studied:

**Application Fee (non-refundable) \$50 Tuition: \$625**

An application deposit of \$50 is required to submit the form. Please make checks payable to "Worcester Chamber Music Society". If you have any trouble completing this registration form, please reach out to Natalie Newman Locke at (774) 314-8897 or [natalie@worchesterchambermusic.org](mailto:natalie@worchesterchambermusic.org).

**Please mail your payment and form to:**

Worcester Chamber Music Society  
323 Main Street  
Worcester, MA 01608