STUDENT/PART	
	ICIPANT INFORMATION ant at Hochstein? aber of your family, currently enrolled at Hochstein? aber of your family, previously registered at Hochstein? aber of your family, previously registered at Hochstein?
Student/Participant	name (use one form per participant):
Phone:	Email:
Address:	City State Zip County
Date of Birth:	Age: Race: (for statistical purposes) Gender
Employer	Occupation Phone (work)
For students under	the age of 18, please complete the following:
School attending: _	Grade (Sept. 2024):
Parent/Guardian 1: _	Email
Phone (home):	(work): (cell): Employer/Occupation:
Parent/Guardian 2: _	Email
Phone (home):	(work): (cell): Employer/Occupation:
Full Day, \$275/Sess Session I, July 8-1 Extended Day AN AiA Sub Total	2
	Registration fee waived for current students.
REGISTRATION	FOR TOPIC-SPECIFIC CAMPS, WORKSHOPS, & ENSEMBLES
	ime: umental camps/workshops/ensembles):
	acher/Phone:
	formation or title and composer of lesson books or music studied.
	Level Num. Score
	Experience
	Camp/Workshop/Ensemble Sub Total
	\$20 Registration Fee (max. 2 per family) <i>Registration fee waived for current students.</i> Total
REGISTRATION Class Name:	Total FOR ALL OTHER COURSES Day Time Fee