



REGISTRATION FORM

Keyboard Gymnastics of Phoenix Creative Project Event

October 16, 2010



Registration Deadline: Sat, Oct. 2, 2010
 (original compositions must be submitted to Charlene by Oct. 9, 2010)
 Registration Fee: \$7.00 per student
 (\$5 if doing all seven events)

Teacher Name _____ Phone _____ E-Mail: _____

Address: _____

Number of Students Entered: _____ Amount Enclosed: _____ (indicate if pre-paid)

Teacher, please sign: I have read and agree to abide by all participation requirements: _____

I own a Keyboard Gymnastics Program Manual: _____

Send via electronic or snail mail to:

Liz G. Owens * 16020 N. 52nd Place * Scottsdale, AZ 85254 * lizmo1@juno.com

Please complete for each student (including partners, if applicable). Make copies as needed.

~~~~~

Student's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

Project Topic: \_\_\_\_\_ Display OR Performance (circle one)

Partner's Name (if applicable) \_\_\_\_\_

~~~~~

Student's Name _____ Age/Grade _____

Project Topic: _____ Display OR Performance (circle one)

Partner's Name (if applicable) _____

~~~~~

Student's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

Project Topic: \_\_\_\_\_ Display OR Performance (circle one)

Partner's Name (if applicable) \_\_\_\_\_

~~~~~  
 Student's Name _____ Age/Grade _____

Project Topic: _____ Display OR Performance (circle one)

Partner's Name (if applicable) _____

~~~~~

Student's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

Project Topic: \_\_\_\_\_ Display OR Performance (circle one)

Partner's Name (if applicable) \_\_\_\_\_