

**Deadline: March 8, 2009.**  
**No fees refunded after March 15, 2009.**

## **PC Piano Clinic Student Registration Form**

Please return this form and the clinic fee (Student \$40 or Parents \$15 per person) to  
PC Piano Clinic, Attn: Dr. Karen Buckland, Department of Music, Presbyterian College,  
Clinton, SC 29325.

Make checks payable to PC Piano Clinic. Postmark date is March 8, 2009.

THIS FORM MAY BE PHOTOCOPIED

Please Print

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Years of piano study \_\_\_\_\_

Teacher \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone \_\_\_\_\_

Name and Number of Parents Attending the Clinic

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Repertoire for Clinic

\_\_\_\_\_ I wish to perform in a Friday Master Class

\_\_\_\_\_ I wish to perform in the Saturday Master Class (recording enclosed)

Title of Work: \_\_\_\_\_

Composer \_\_\_\_\_ Timing \_\_\_\_\_

My son/daughter has my permission to attend the PC Piano Clinic. In case of emergency requiring medical attention, I hereby authorize the faculty to act according to their best judgment. I release the College from all liability for any injuries or illness incurred during the clinic. I agree to assume the costs of any medical treatment required.

Signed: \_\_\_\_\_

Parent's Signature