

# Spring Festival 2026: Classical Period

## SOLO STUDENT REGISTRATION FORM



Date: Saturday, March 21, 2026

Registration Deadline: February 1, 2026

Fees: \$27 per soloist

Place: South United Methodist Church, 1226 Main Street, Manchester CT

**PLEASE NOTE:** Teachers are responsible for providing all information regarding the program to their students. **All checks and registration forms must be written and submitted by teachers, not students. Any checks or forms received from students will be returned to the teacher.**

Please time the length of your pieces and list them below in order of performance. Please be accurate and legible. Please include the full title of the composition, composer names and dates.

**Student Name:** \_\_\_\_\_ **School Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**1<sup>st</sup> Piece** \_\_\_\_\_

**Composer** \_\_\_\_\_ **Length of Composition (mm:ss)** \_\_\_\_\_

**2nd Piece** \_\_\_\_\_

**Composer** \_\_\_\_\_ **Length of Composition (mm:ss)** \_\_\_\_\_

**3rd Piece** \_\_\_\_\_

**Composer** \_\_\_\_\_ **Length of Composition (mm:ss)** \_\_\_\_\_

**Teacher Name** \_\_\_\_\_ **Teacher email** \_\_\_\_\_ **Phone** \_\_\_\_\_

### Photo Release

I agree to allow Hartford Chapter CSMTA to use photographs and/or digital images of my child for sharing on their website and/or marketing materials. Names will not be printed.

**Circle One:** Yes   No

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_