

2010 NGW REGISTRATION

First Name: _____ Last Name: _____

Street: _____ City: _____

State: _____ Zip: _____ Country: _____ Email: _____

Home Phone: _____ Work: _____

Gender: M F Birthdate: _____

Parent/Guardian Name: _____ Parent/Guardian Email: _____

If student is under 18

Roommate Request: _____

Where did you hear about NGW? _____

Have you attended NGW before? Yes No Have you pre-enrolled for 2010? Yes No

Student ID number if alumni: _____

C
L
A
S
S

CT-1 July 11 - 16 _____	VA June 26 - July 1 _____
CT-2 July 18 - 23 _____	CA July 11 - 16 _____
CT-3 July 25 - 30 _____	IL July 11 - 16 _____
CT-4 Aug 1 - 6 _____	TX July 18-23 _____

CLASSICAL SUMMIT ATTENDEES INDICATE TEACHER
LIST TEACHER CHOICE IN ORDER OF PREFERENCE

Classical Competition

1st. _____

2nd. _____

3rd. _____

CHECK OFF ALL THAT APPLY

Room & Board

Private Room

Amp Rental

Extra Night (CT only)

Night Before Session
(Except for July 10th)

Night After Session
(Except for August 6th)

METHOD OF PAYMENT

Check

If enrolling before June 1st, you may pay the total amount or a deposit of \$350 with the balance due June 1st.

• Make checks payable to National Guitar Workshop.

• Please indicate student's name in memo section.

Credit Card

Payments made by credit card are billed for the total amount.

Charge Card # _____

Expiration Date: _____

Card CVV2 Code: _____

Name on Card: _____

Signature: _____