

AWSO Workshop Registration Form

Friday, May 8th

9:00 a.m. - 3:00 p.m.

Milwaukee Youth Arts Center

325 W. Walnut St., Milwaukee



Name _____

Affiliate Orchestra _____

Address _____

City/State/Zip _____

Day Phone _____

E-mail _____

_____ Number attending x \$25.00 = \$ _____

Total Amount Enclosed \$ _____

_____ Number attending MYSO wine & cheese
reception after workshop (no charge)

Make check payable to: AWSO

Mail payment and registration form to:

AWSO

P.O. Box 340

Ephraim, WI 54211

Registration deadline, April 27th to pay \$25.00

Day of Registration \$35.00

Questions call Mary Bell, Executive Director
920-854-4060 or e-mail: mary@musicfestival.com