# Flute Christmas 2015 Participation Form

Montana Flute Association

## Contact Information

| | |
|---|---|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

## Flute Information

How many years have you been playing the flute?

___ Less than a year
___ 2-5 years
___ 5-10 years
___ More than 10 years

Do you take private lessons?

___ Yes* If so, with who?_____
___ No

## Music

Would you like Flute Christmas Music sent to you?

___ Yes, via E-mail
___ Yes, via USPS
___ No, I do not need Flute Christmas Music sent to me.

*All Flute Christmas Music will be available at the 10:30am Rehearsal on Saturday, December 19.

## Carpooling

Are you interested in Carpooling to Flute Christmas 2015?

___ Yes
___ No

## Agreement and Signature

By submitting this form, I affirm that I am a CURRENT MFA Member and am up-to-date with all my membership fees. If I am not current with my MFA membership, I understand that I will be contacted by an MFA representative and may not be able to participate in Flute Christmas until all membership dues are paid.

| | |
|---|---|
| Name (printed) | |
| Signature | |
| Date | |