



## NYSSMA Piano Festival 2024

**Return this form with a check to your school music teacher by Monday, January 22, 2024.**

Student's Name \_\_\_\_\_

Phone | Address \_\_\_\_\_

Email Address \_\_\_\_\_

Instrument or Voice Part \_\_\_\_\_

School and Grade \_\_\_\_\_

Private Teacher \_\_\_\_\_

School Music Teacher \_\_\_\_\_

Name of Solo \_\_\_\_\_

NYSSMA Solo Level \_\_\_\_\_

Please indicate if you have a conflict with either date. Please be specific. \_\_\_\_\_

\_\_\_\_\_