



TEACHER:	PHONE:
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ADDRESS:	DATE:
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CITY, STATE, ZIP:

	LAST NAME	FIRST NAME	AGE	LEVEL
1				
2				
3				
4				
5				
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21				
22				
23				
24				
25				

Total Students \_\_\_\_\_ X \$ 30.00 = \_\_\_\_\_

**Complete and return Registration Form to:**

Sonata - Sonatina Festival  
 Central Washington University  
 400 E University Way  
 Ellensburg, WA 98926-7458

**Do Not Send Payment at this time**

Teacher will receive a bill from the university  
 Please make your non-refundable payment at that time.