

## **2019 NEPTA Halloween Piano Party Recital Application (all fields required)**

**Date: Sunday, October 27, 2019**

**Location: The First Parish of Watertown: 35 Church Street, Watertown, MA 02472**

This is an open recital for grades K to 5 providing an opportunity to perform in a friendly setting. Costumes and Halloween music are welcome and encouraged! The time limit for each student is limited to 2 minutes. Memory is optional. There will be a party after each recital. Multiple recitals will be hosted between 2:30 am and 6:00 pm. Teachers may suggest their choice of recital time, however, due to programming considerations NEPTA can not guarantee a specific recital time for each teacher.

### **INSTRUCTIONS**

The recital fee is \$25 per student for NEPTA members; \$40 per student for non members. Teachers may enroll up to 15 students. Recitals will be filled on a “first come first serve” basis. Recital fees are non refundable unless an application is denied due to all recital slots being filled. Please complete the following application (pages 1 thru 4). Each student may perform up to 2 recital pieces. Total performance time per student may not exceed 2 minutes. Teachers will receive the student’s recital time via email no later than October 15th.

Make check payable to: NEPTA (include all student entries on one check)

Send the application and check to: NEPTA Treasurer, Shizue Sano, 2 Celia Circle, Methuen MA 01844

DEADLINE: October 5, 2019 (Postmarked no later than October 5, 2019)

### **TEACHER REGISTRATION INFORMATION**

Teacher Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Total number of students you are registering for this recital? \_\_\_\_\_

Recital time preferred (if possible): Early \_\_\_\_\_ Mid \_\_\_\_\_ Late \_\_\_\_\_

Please complete pages 2 thru 4 of this application for all students you are entering. Thank you!

Teacher Name: \_\_\_\_\_

**STUDENT REGISTRATION INFORMATION (complete pages 2 and 4)**

<b>1. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time:
<b>2. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time:
<b>3. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time:
<b>4. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time:
<b>5. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time:
<b>6. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time:

Teacher Name: \_\_\_\_\_

**STUDENT REGISTRATION INFORMATION (complete pages 2 thru 4)**

<b>7. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time:
<b>8. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time:
<b>9. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time:
<b>10. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time:
<b>11. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time:
<b>12. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time:

Teacher Name: \_\_\_\_\_

**STUDENT REGISTRATION INFORMATION (complete pages 2 thru 4)**

<b>13. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time:
<b>14. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time:
<b>15. Student Name:</b>	<b>Age:</b>	<b>Food Allergies?</b>
Title of Piece:	Composer/Source:	Time:
Title of Piece:	Composer/Source:	Time: