PARTICIPANT INFORMATION

Name__________________________________________________________
Address ___________________________________________________City______________ Zip________
Primary telephone (_______)_________________ Email Address:______________________________

How did you hear about our program? Please check all that apply.

☐ I’m a previous participant ☐ From a previous participant ☐ CMS FaceBook page
☐ KUAF ☐ CMS web site ☐ Other ____________________________

PAYMENT INFORMATION

$25 fee includes instruction and materials. Make checks payable to University of Arkansas.

Mail completed form and payment to:
Community Music School
SUZM
1 University of Arkansas
Fayetteville, AR 72701

Withdrawals/Refunds: Refunds are not available.

Weather/Emergency Closures: The Master Chorale will follow the University of Arkansas Inclement
Weather Policy. Whenever possible, an email notification will be sent to members.

SIGNATURE ___________________________________________________________________

Signature indicates responsibility for enrollment and payment, including knowledge/understanding of U
of A Community Music School policies/procedures, and permission for use of participant photos and
videos in promotional materials (catalog, website, newsletter, etc.). Signature also acknowledges that
there are risks involved in any program and that the University of Arkansas will not be held responsible
for accidents that may occur in association with participation in the program.