



The Leschetizky Association
founded 1942

Student Recital Enrollment Form

Teacher: _____

Student: _____

Age: _____

Fee paid via Paypal: _____

Fee paid via Check: _____

Title of piece, with Opus no., Hoboken no., Köchel no., key, or other identification:

Composer: _____

Movements: _____

Performance time: _____

Title of piece, with Opus no., Hoboken no., Köchel no., key, or other identification:

Composer: _____

Movements: _____

Performance time: _____

Title of piece, with Opus no., Hoboken no., Köchel no., key, or other identification:

Composer: _____

Movements: _____

Performance time: _____

Title of piece, with Opus no., Hoboken no., Köchel no., key, or other identification:

Composer: _____

Movements: _____

Performance time: _____

Please email or mail this form to the event director, and please consult the Guidelines on our website: www.leschetizky.org. We appreciate your participation!