



Mike Sakatch Band Workshop

Mail In Registration

Name: _____

Email: _____

Required: Confirmation and all communication by email

Band Affiliation(s): Would love to have you list all!

Workshop Band: Dolce (Gr 3-4)

Vivace (Gr 4.5-5)

Instrument: _____

For those instruments with multiple parts, please indicate the parts that you prefer. (e.g 1st & 2nd)
We will provide your choice(s) as much as possible.

I prefer to play: 1st 2nd 3rd* 4th* I'm mellow. All parts are fun.
* Where they exist

Percussion: battery mallets auxillary timpani I'm mellow. All parts are fun.

Other Comments: _____

Enclose cheque payable to [Cochrane Music Society](#)

Early Bird Registration by February 21, 2025 \$70

Envelope postmarked after February 21, 2025 \$80

Mail Registration To:

Jane Kaczmer
48 West MacDougal Rd
Cochrane AB T4C 1M4