

EUGENE ROUSSEAU

NINTH ANNUAL INTERNATIONAL SAXOPHONE MASTER CLASS

OCTOBER 22-24, 2009

Name _____
(Please indicate "Mr.", "Ms.", or other preferred title.)

Address _____

City _____ State _____ Zip _____

Daytime phone (____) _____

E-mail address _____
(Please print carefully!)

Enclosed is a check or money order, payable to the **University of Minnesota**, for the non-refundable \$40 application fee.

I wish to attend as
 a performer an auditor.

A recording is enclosed.
(performers only)

Please return this form and mail, with payment, to:

Saxophone Master Class
University of Minnesota
School of Music
2106 Fourth Street South
Minneapolis, MN 55455

REGISTRATION FORM

SCHOOL OF MUSIC
UNIVERSITY OF MINNESOTA



E. Rousseau

