

**Master Class
REQUEST FORM**

Name: _____

School/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Student Names in String Quartet: _____ Gr _____
_____ Gr _____
_____ Gr _____
_____ Gr _____

Selected Title and Composer _____

Dinners are available for \$10 each. # of Dinners: _____ Total Amount Due: \$ _____

Keep a copy and return both pages via email to:

office@wisconsinphilharmonic.org

Please make checks payable to the Wisconsin Philharmonic and mail to:

Wisconsin Philharmonic
P.O. Box 531
234 W Main Street, Suite 9
Waukesha, WI 53187-0531

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