

中乐海外考级（美国旧金山-西雅图考区）

APPLICATION FORM 报名表

CLOSING DATE FOR APPLICATION SEP 30 2024

(From must be postmarked on or before the above date.)



- Participant's Last Name

Participant's First Name

考生中文姓名

[illegible]

Note: the full name entered here must match with your identity and will appears on certificate which you may be eligible.

Participant's Mailing Address

No.

Street

[illegible]

City

State

Postcode

[illegible]

Participant's Date of Birth

Monty/Day/Year

Phone Number

E-mail

[illegible]

Teacher's Last Name

Teacher's First Name

教师中文姓名

[illegible]

Teacher's E-mail: _____

ENGLISH TRANSLATION IF NEEDED: YES NO

INSTRUMENT TITLE 乐器:

GRADE 报考级别:

NAME OF SELECTION: MUSIC 乐曲

ETUD 练习曲

PAYMEN ENCLOSED: \$

TRANSITION NUMBER:

Signature of Participant, or Participant's (If under 18) Legal Guardian

For Office Use Only

Application NO. _____

Date _____

Approve by _____