



27th Annual Mariachi Spectacular de Albuquerque

Group Registration Form

Note: This form is used for Groups only. Changes after June 23, 2017 will have to wait until you arrive on July 12th, 2017 @ 8:00AM during Onsite Registration.

Group Name: _____
Group Address: _____
City: _____ **State:** _____ **Zip:** _____
Cell Phone: (____) _____ **Home :**(____) _____ **Work :**(____) _____
Email Address: _____
Group Director's Name: _____ **Cell Phone:** (____) _____
Home:(____) _____ **Work:**(____) _____ **Emergency Contact:**(____) _____

Members:

Name: (Last Name, First Name)	Instrument	Level (Beg., Inter., Adv.)	Release form signed ✓	Individual Reg. form completed ✓
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Use reverse side for additional names.

TOTAL: ___ Violin ___ Trumpet ___ Armonia ___ Guitarron ___ Voice ___ Harp



Name: (Last Name, First Name)	Instrument	Level (Beg., Inter., Adv.)	Release form signed ✓	Individual Reg. form completed ✓
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				

TOTALS: ___ Violins: ___ Trumpets: ___ Armonia: ___ Guitarron: ___ Voice: ___ Harp:



REGISTRATION FORM

27th Annual Mariachi Spectacular de Albuquerque Conference July 12th-15th, 2017

CONFERENCE SCHEDULE OF EVENTS:

Wednesday, July 12th, 2017

Registration: 8:00am-9:00am
Workshops: 9:00am-5:00pm

Thursday, July 13th, 2017

Workshops: 9:00am-5:00pm

Friday, July 14th, 2017

Workshops: 9:00am-3:00pm
Sound Check: 4:00pm
Show Case Concert 6:30pm

PLEASE PRINT LEGIBLY

ONE REGISTRATION FORM PER STUDENT PLEASE

Name: _____ Age: _____ E-mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (cell) _____ (home) _____ (work) _____

Are you registering as part of a Mariachi Group? _____ -Yes _____ -No Total Members in Group: _____

Will your group participate in the Mariachi Showcase on Friday evening, July 14th? _____ -Yes _____ -No

Name of Group: _____ Name Of Director: _____

Address: _____

Phone: Cell () _____ Home () _____ Work () _____

I am interested in attending **ONLY ONE** of the following workshops:

____ Trumpet ____ Violin ____ Guitarrón ____ Armonia (Guitar & Vihuela) ____ Voice ____ Harp

Select **ONLY ONE Level**: ____ -Beginning ____ -Intermediate ____ -Advanced

MASTER CLASS: Will you be auditioning for the Master Classes? If so, please check **ONLY ONE**:

____ -Violin ____ -Trumpet ____ -Guitarrón ____ -Guitar/Vihuela ____ -Harp

***CHANGES: WILL NOT BE ACCEPTED AFTER JUNE 23, 2017. CHANGES AFTER JUNE 23rd WILL HAVE TO BE MADE DURING ONSITE REGISTRATION ON WEDNESDAY JULY 12th, 2017 STARTING AT 8:00AM @ CHANGE TABLE.**

REGISTRATION FEE: Registration fees for the entire workshop series, beginning, intermediate and advanced levels are as follows: **\$99.00 through May 31, 2017. \$109.00 after May 31, 2017.**

Registered students may purchase one (1) ticket to Saturday night's MARIACHI SPECTACULAR Concert for the discounted price of \$25 at the workshops. Your performance in Friday's Showcase Concert does not include a seat for the Spectacular Concert; however, the Showcase Concert is free. Please make all checks payable to **MARIACHI SPECTACULAR**, pay online at <http://mariachispectacular.com/register.aspx>, may also pay by credit card during the conference.

NO REFUNDS

Release Form for Student Participant (18 years or older)

I, _____ understand that the **Mariachi Spectacular** Program does not provide insurance coverage for medical care I may need because of my participation in the **Mariachi Spectacular** workshops (Trumpet, Violin, Guitarrón, Harp, Guitar/Vihuela, Voice) July 12th -14th, 2017.

I further understand that there are certain risks and hazards that may arise in the course of this activity, including accidents or illness. I hereby assume the inherent risks and hazards of this activity. I acknowledge that any claims for damages against **Mariachi Spectacular** would be governed by the laws of the State of New Mexico.

I _____ agree that Mariachi Spectacular de Albuquerque may use such photographs of myself with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

***WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE.
NO REFUNDS**

Acknowledgement of Risk Factors for Participants

Signature

Date

Release Form for Student Participant (Under 18 years old)

I, _____ understand that the **Mariachi Spectacular** Program does not provide insurance coverage for Medical care I may need because of my **CHILD'S** _____ participation in the **Mariachi Spectacular** workshops (Trumpet, Violin, Guitarron, Harp, Guitar/Vihuela, and Voice) July 12th-14th, 2017.

I further understand that there are certain risks and hazards that may arise in the course of this activity, including accidents or illness. I hereby assume the inherent risks and hazards of my child's participation in this Activity. I acknowledge that any claims for damages against the **Mariachi Spectacular** would be governed by the laws of the State of New Mexico.

I _____ agree that Mariachi Spectacular de Albuquerque may use such photographs of my Child _____ with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

***WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE.
NO REFUNDS**

Acknowledgement of Risk Factors for Participant (Under 18)

Parent or Legal Guardian Signature

Date