

**MRS. BARBARY'S
2009 RECORDING MASTER CLASS
APPLICATION**

NAME _____

ADDRESS _____

PHONE 1 _____ PHONE 2 _____

EMAIL _____

I WILL REQUIRE ACCOMPANIMENT, PLEASE.

PLEASE LIST ALL MUSICIANS WHO WILL RECORD DURING YOUR SESSION:

PERFORMER / PERFORMER'S AGE

INSTRUMENT(S)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIST PERFORMANCE EXPERIENCE / LESSONS (IF ANY)

RETURN COMPLETED FORM TO: BARBARY GRANT, 6022 FOOTHILL GLEN DR., SAN JOSE CA 95123

CONFLICT CALENDAR

NAME _____

PLEASE X OUT DATES WHEN YOU ARE UNAVAILABLE.

YOU MAY ALSO NOTE SPECIFIC WINDOWS OF AVAILABILITY (I.E., "AFTER 3 PM")

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
JUNE	21	22	23	24	25	26	27
	28	29	30	JULY 1	2	3	4
JULY	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	AUGUST 1
AUGUST	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22

RETURN COMPLETED FORM TO: BARBARY GRANT, 6022 FOOTHILL GLEN DR., SAN JOSE CA 95123