



## 2021 50th Anniversary AVS FESTIVAL STUDENT GROUP REGISTRATION FORM

Groups of 5 or more students from the same school or studio may register together for a reduced rate using this form. **All students must be AVS or IVS section members through the dates of the festival.** Please submit this form (via PDF to the AVS office at [info@americanviolasociety.org](mailto:info@americanviolasociety.org)) by May 21, 2021.

**Group student rate:** \$40 per student before April 15 / \$50 per student April 16-May 21

School/Studio: \_\_\_\_\_

### STUDENT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

***Please copy this page for additional students / Payment information included on last page***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT:** \_\_\_\_\_ # of students X \$40 per student if received by April 15 / \$50 per student if received April 16 - May 21 =  
\_\_\_\_\_ **TOTAL AMOUNT DUE**

\_\_\_\_\_ Paying by check/money order in U.S. funds, payable to the **American Viola Society**

\_\_\_\_\_ Paying by credit card (MC/Visa/AmEx)

Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_ Security Code \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Signature \_\_\_\_\_

*Your signature signifies acknowledgement and acceptance of the AVS cancellation and refund policy as well as agreement to payment as outlined above. Last day to cancel for a refund (minus \$25 processing fee) is May 21, 2021.*