

# Atlanta Area Suzuki Piano Association Graduation Program



## Studio Participation Form

Teacher's name \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ fax (\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_

Student Name	Phone Number	Birth - date	Grad Level	Required Piece (s)	Alternate Piece(s)

**Teachers Please Note: If this is the first time your student is applying, please indicate student name, and date of concert observed on the form below.**

Name _____	Concert date observed
Name _____	Concert date observed
Name _____	Concert date observed

No fees or videos due with this form for current members. (If you are not a current member of AASPA, please attach a \$25.00 check for your membership dues). Mail application to:  
**AASPA, c/o Tony Winston, 378 Johnson Ferry Rd, Marietta, Ga. 30068**