

Chamber Music Scheduling Form

_____ (Fall or Spring), _____ (Year)

Name: _____ E-mail: _____

Phone (home): _____ (cell): _____

Instrument: _____

CROSS OUT the time slots you are unavailable due to classes.

Return to 7th floor mailboxes or email the appropriate program director asap.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00						
9:30						
10:00						
10:30						
11:00						
11:30						
12:00						
12:30						
1:00						
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2:00						
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6:00						
6:30						
7:00						
7:30						
8:00						
8:30						
9:00						
9:30						

Requests, comments, and questions can be made on the back of this form or in your e-mail. A request does NOT guarantee that you will be placed in the group. **Failure to return this form on time may mean that you will not be placed in a chamber group this semester**