



CHINESE AMERICAN FAMILY COALITION

6TH ANNUAL SPRING RECITAL APPLICATION FORM

PERFORMER'S INFORMATION			
Name:		Age:	
Tel:		Gender:	
Address:			
PARENTS' INFORMATION			
Mother		Father	
Cell:		Cell:	
E-mail:		E-mail:	
PERFORMING			
Instrument:			
Pieces:	1.	Composer	
	2.	Composer	
Piece Duration:	1.	2.	

Application deadline: April 30th, 2015

Suggested donation: \$50/each performer.

Make check payable to: Chinese-American Family coalition

Send payment and form to: CAFC Learning Center

120 Van Nostrand Ave Suite 202, Englewood Cliffs, NJ 07632

Contact: CAFC Learning Center

Tel: 201-585-8288

Email: info@cafc-us.org

Website: www.cafc-us.org

*Signature Of Parent/Guardian _____ Date _____