



**Mariachi Craze!**  
**Workshop Registration Form**  
[WWW.MARIACHICRAZE.COM](http://WWW.MARIACHICRAZE.COM)

Individual's /Group's Name: \_\_\_\_\_  
 Director's Name: \_\_\_\_\_ School: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_

NAME	EXPERIENCE/ HOW MANY YEARS PLAYING INSTRUMENT? <i>Beg./Int./Adv.</i>	INSTRUMENT(S)/ DANCER	GRADE/AGE	COST

**Registration Fees:**  
 Mariachi/Folklorico \$65/person

- Mariachi Students: Will you be attending the Pre Clinics on Sept. 24 and Oct. 1
- Would you like to receive more information for future events?

Purchase Order # \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_ Total Amount Paid : \_\_\_\_\_

**\*\*If groups need additional space for registration, please print additional forms and attach.\*\***

Visit us: <http://www.facebook.com/people/El-Paso-Mariachi-Craze/100002194796261>

Mariachi Craze!  
 Workshop Registration Receipt

**OFFICE USE ONLY**  
 Group's Name: \_\_\_\_\_  
 Director's Name: \_\_\_\_\_  
 Paid Amount: \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_ Purchase Order No. \_\_\_\_\_  
 Cashier's Signature: \_\_\_\_\_ Date: \_\_\_\_\_