## MERIDEN ACCELERATED MUSIC ENSEMBLE PARTICIPATION VERIFICATION SHEET

This form verifies that	has been regularly attending
(Student Na	
rehearsals and has performed with	
	(Name of Performing Group)
TITLES OF PIECES INCLUDED:	
Please list rehearsal dates & times:	
Date Performed with Ensemble:	
Date Periorified with Lifsemble.	
ENSEMBLE DIRECTOR'S INFORMATION	N
Name:	Signature:
Day phone #:	Alternate # (optional):
Email:	
Comments:	