



2010-11 Application Form

Name: _____ Age: ____ Grade in September 2010: _____

Instrument/s: _____ violinists that play viola please check box

⇒ Student email: _____

Home phone: (____) _____

Student Cell phone: (____) _____

Address: _____

City: _____ State: _____ Zip _____

Parent/Guardian Name/s: _____

⇒ Parent email: _____

Parent Work phone: (____) _____

Parent Cell phone: (____) _____

School attending: _____ Orch. Director: _____

Private Teacher: _____ Telephone: _____

Please check your most preferred coaching day:

Saturday afternoon ____ Weeknight ____

What days/evenings are you not available? _____

Are you a member of MYS? GTCYS?

List your recent chamber music repertoire. Violinists, list part learned – 1st or 2nd violin:

Upon placement in an Artaria Chamber Music School ensemble, you are expected to attend all scheduled coachings, masterclasses, and concerts for the entire school year. The ACMS calendar, attendance policy, and program fees are posted at www.acms.artaria.us

I have read and agree to the Artaria Chamber Music School calendar, attendance policy and fees:

Student signature _____ Parent signature _____