

Name: _____ Age: _____
 Instrument/s _____
 Home # _____ Cell # _____
 Town of Residence _____ E-mail _____
 School _____ Teacher _____
 Music School/Prep _____

CHAMBER MUSIC PROGRAM

- List current solo repertoire.
- Chamber Music Experience (NYYS, music school/festival/camp)
- List a couple recent Chamber Music works studied
- Chamber Music you would like to study
- Are you applying with a Preformed group? If so, list colleagues. Or ensemble type preference if you have one?
- Can you rehearse and coach at your home?
 - Do you have a piano?
- Rehearsal and coaching time availability (four possible days and times)
 - _____
 - _____
 - _____
 - _____
 - Impossible times: (afterschool activities, Saturday classes/school, etc...no need to note regular school schedule.)
- How did you hear about this program
 - _____ Search Engine (website, facebook, google)
 - _____ Friend _____ (name)
 - _____ Teacher _____ (name)
 - _____ Summer Festival _____
 - _____ other (specify) _____
- Does your private teacher know you are auditioning for this program?
 ____ Yes ____ No