

Young Performers' Workshop 2009

Application Form

Name: _____

Age: _____

Instrument: _____

Address: _____

Email: _____

Phone #: _____

On a separate page, please provide a brief description of your musical background, including any chamber music or orchestral experience you may have had.

Select one:

- A teachers' recommendation will be sent.
- Contact me to schedule an audition.

I agree to pay the tuition of \$200 by the first day of Workshop, December 3, 2009.

Signature

Date

Relationship to student

This application form should be submitted along with a \$25 application fee to:

Triad Chamber Music Society
2615 Sparkling Place
Winston Salem, NC 27103

The deadline for submission is **November 20, 2009**.