## APPLICATION FORM: BRAVO INTERNATIONAL CHAMBER MUSIC WORKSHOP

## **APPLICANT INFORMATION** First Name: Last Name: Instrument: Date of Birth: Age (as of 1/1/18) Sex: City:\_\_\_\_\_State\_\_\_\_Zip Phone: Cell: Email: School name \_\_\_\_\_\_ Grade in 2017/18 \_\_\_\_\_\_ Are you going to be a resident? Roommate preference for summer workshop only **PARENT/GUARDIAN INFORMATION** Mother/Guardian Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_Email: \_\_\_\_ Employer:\_\_\_\_\_ Work Phone: \_\_\_\_\_ Father/Guardian Name: Phone: Cell: Email: Employer:\_\_\_\_\_ Work Phone: \_\_\_\_\_ MUSICAL STUDIES (if you need more space, please use the other side to answer any of the following) Name of Private Teacher: \_\_\_\_\_\_ Private Teacher's email Number of Years with this Teacher: \_\_\_\_\_\_ Total Years of Private Study: \_\_\_\_\_ Are you a member of an Orchestra? If so, which one? What is your Chamber Music Experience? What Chamber Music have you learned?

**BIOGRAPHICAL INFORMATION (NOT NECESSARY FOR PAST PARTICIPANTS)** 

Please write a short 1 page bio including experience, ach	evements, education, current and former	2
teachers, and repertoire (solo, orchestral and chamber m	nusic).	
Tuition is \$275		
(\$50 Deposit and application due December 15, 2017).		
Balance of \$225 is DUE January 1, 2018.		
Signature of Applicant	Date	
Signature of Parent/Guardian	Date	
RETURN THIS FORM AND YOUR BIO WITH THE APPLICATION	TION FEES (PAYABLE TO BRAVO WORKSH	OP) TO:
Mary Handley,		
Executive Director of BRAVO		
13 Copper Heights,		

Amherst, NY 14226