



**Virtuosi of Houston**  
Young Artists, Chamber & Jazz Orchestras

*Celebrating Our 21st Season of Excellence in Chamber Music Education and Performance*

**2017 VIRTUOSI OF HOUSTON EIGHTH ANNUAL  
SMALL ENSEMBLE SUMMER WORKSHOP  
APPLICATION FORM**

*All applicants must complete Part 1 of the application. Applicants who are **not** members of Virtuosi of Houston must additionally complete Part 2 of the application. All are encouraged to apply soon because space is limited.*

Notification of acceptance will be e-mailed as applications are reviewed.

**Total Tuition for current Virtuosi Members: \$650 - For all others: \$695**

**EARLY REGISTRATION DISCOUNT**

**Get \$50 off the tuition if you register and pay by March 31, 2017**

For additional information, please call the Virtuosi of Houston office at (713) 807-0888.

Completed application forms can be mailed to:

Attn: Mrs. Zarine M. Boyce – 2121 Kirby Drive, No. 117 – Houston, TX 77019

**Nonrefundable application fee of \$45 is due with the submission of the application  
(this fee will be applied to your tuition if accepted).**

**Application—Part 1**

**Student Information**

Musician's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Musician's Cell Phone: \_\_\_\_\_

Musician's Email: \_\_\_\_\_

Instrument: \_\_\_\_\_ School: \_\_\_\_\_ School District: \_\_\_\_\_

Grade Completed June 2017: \_\_\_\_\_



**Virtuosi of Houston**  
Young Artists, Chamber & Jazz Orchestras

*Celebrating Our 21st Season of Excellence in Chamber Music Education and Performance*

**Parent/Guardian Information**

---

Name(s):

---

Address:

---

City:

State:

Zip:

---

Home Phone:

Mother Cell:

Father Cell:

---

Email:

---

In case of emergency, please contact:

---

Relationship:

Phone:

---



**Virtuosi of Houston**  
Young Artists, Chamber & Jazz Orchestras

*Celebrating Our 21st Season of Excellence in Chamber Music Education and Performance*

**2017 VIRTUOSI OF HOUSTON SMALL ENSEMBLE SUMMER WORKSHOP**

*Please have your Private or Orchestra Teacher fill out this form.*

*All non-Virtuosi students are required to submit Part 2.*

**Application—Part 2**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**School Attending Fall 2017** \_\_\_\_\_ **Grade** \_\_\_\_\_

**School District** \_\_\_\_\_

**School Orchestra Director** \_\_\_\_\_

**Instrument** \_\_\_\_\_

**Musicianship:**

Student can read and perform rhythmic patterns in all time signatures (simple and compound); recognizes and performs intervals by size and quality; recognizes and understands all major key signatures and related melodic patterns.

Yes  No

Current Working Piece \_\_\_\_\_

Last Polished Piece \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Teacher Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Orchestra Level:

- Never played
- School String Program, number of years \_\_\_\_\_
- Youth Symphony/Community Orchestra, number of years \_\_\_\_\_
- Region  All State



**Virtuosi of Houston**  
Young Artists, Chamber & Jazz Orchestras

*Celebrating Our 21st Season of Excellence in Chamber Music Education and Performance*

Quartet/Ensemble experience, please explain: (Please use the back of this form, if needed.)

**Credit Card Form**

**PLEASE PRINT CLEARLY**

Student's Name: \_\_\_\_\_

Please charge to my credit card the amount of: \$ \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

**Address as it appears on credit card bill**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Card Holder's Phone Numbers**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Signature**

Signature: \_\_\_\_\_

Visa

Master Card

Amex

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_



**Virtuosi of Houston**  
Young Artists Chamber & Jazz Orchestras

*Celebrating Our 21st Season of Excellence in Chamber Music Education and Performance*

### **Student and Parent Code of Ethics and Conduct Agreement**

#### ***Virtuosi of Houston* Small Ensemble Summer Workshop students are expected to:**

- Individually practice your respective small ensemble parts and come prepared to rehearsals with music, pencils, and erasers.
- Maintain the appearance and order of the music binders and music and return the binders at the conclusion of the Small Ensemble Summer Workshop. Replacing damaged or lost binders will be the responsibility of the student and his or her parents. You may keep any copies of music and handouts from enrichment classes, but you must return the binder.
- Demonstrate the highest standards of personal integrity with respect to one another, to faculty, staff, volunteers, and Board of Directors of *Virtuosi of Houston* and the Small Ensemble Summer Workshop.
- Respect faculty and staff by turning off cell phones during all rehearsals, masterclasses, enrichment classes, and performances.
- Your ensemble cannot function without you. You must be on time to and attend all rehearsals, masterclasses, and the Final Concert.
- Dress appropriately for the final performance.
- Seek advice and assistance for any problem that impairs performance or concerns you. We want this to be an enjoyable experience for everyone.

#### **Parents and guardians of *Virtuosi of Houston* Small Ensemble Summer Workshop students are expected to:**

- Be supportive of your child and his or her role in the *Virtuosi of Houston* Small Ensemble Summer Workshop and work with them to comply with the standards above.
- Any help as a volunteer during the workshop is greatly appreciated.
- Demonstrate the highest standards of personal integrity with respect to one another, to faculty, staff, volunteers, and Board of Directors of *Virtuosi of Houston* and the Small Ensemble Summer Workshop.

*Failure to adhere to the standards and requirements above may result in your dismissal from the Workshop. In that event, tuition will not be prorated or refunded.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

# VIRTUOSI OF HOUSTON MEDICAL INFORMATION FORM

Please Print

Student's Name: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_ Age: \_\_\_\_\_  

Last
First
Middle

Parent(s) or Guardian Name(s): \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  

Street
City
State
Zip Code

Parent(s) or Guardian Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_ Emergency Telephone Relationship: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Does the student have a previous history of:

	Yes	No		Yes	No
Bleeding tendencies	___	___	Asthma	___	___
Hernia	___	___	High Blood Pressure	___	___
Tuberculosis	___	___	Sickle Cell Anemia	___	___
Kidney Disease and/or injury	___	___	Hepatitis	___	___
Rheumatic Fever	___	___	Skin Disease	___	___
Contact Lenses/Glasses	___	___	Allergy	___	___
Neck injury	___	___	Bone and/or joint injury	___	___
Heart Disease	___	___	or disease	___	___
Kidney, Lung, or Eye removed or non-functioning	___	___	Diabetes	___	___
			Surgical operation	___	___
Head injuries, seizures			Is student taking medication regularly?	___	___
unconsciousness,			Allergy to medicine	___	___
concussion, convulsion	___	___	Date of last tetanus shot	___	___

Explain any "yes" answers \_\_\_\_\_

Now under a physician's care? \_\_\_ Yes \_\_\_ No

Name and phone of physician \_\_\_\_\_

Please list all medications and any illnesses not listed above requiring medication being taken at the present time: \_\_\_\_\_

Does the student have any disability recognized by the Americans with Disabilities Act (i.e. ADHD, Graves' Disease, etc.)? \_\_\_ Yes \_\_\_ No

I hereby consent for medical care to be given to \_\_\_\_\_ in case of an emergency.

You warrant and represent that you have the right, power and authority to sign this release on behalf of Your Minor.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Parent or Guardian