2020 VIRTUOSI OF HOUSTON
SUMMER CHAMBER 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: $450

REGISTRATION FORMS
Submitted on line by March 31, 2020

For additional information, please call Karen Needham 832-797-6882
Completed application forms can be mailed to:
Attn: Ms. Needham – 303 Memorial City, Suite #235, Houston, Texas 77024

Nonrefundable application fee of $50.00 is due with the submission of the application

<table>
<thead>
<tr>
<th>Application—Part 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Information</strong></td>
</tr>
<tr>
<td>Musician’s Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Home Phone:</td>
</tr>
<tr>
<td>Musician’s Email:</td>
</tr>
<tr>
<td>Instrument:</td>
</tr>
<tr>
<td>Grade Completed June 2020:</td>
</tr>
</tbody>
</table>
Parent/Guardian Information

Name(s):

Address:

City: State: Zip:

Home Phone: Mother Cell: Father Cell:

Email:

In case of emergency, please contact:

Relationship: Phone:
## Application—Part 2

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Attending Fall 2020</td>
<td>Grade</td>
</tr>
<tr>
<td>School District</td>
<td></td>
</tr>
<tr>
<td>School Orchestra Director</td>
<td></td>
</tr>
<tr>
<td>Instrument</td>
<td></td>
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**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
- [ ] 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: _____/_____