



Virtuosi of Houston
Young Artists, Chamber & Jazz Orchestras

Celebrating Our 24th Season of Excellence in Chamber Music Education and Performance

**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

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 2020: _____



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Parent/Guardian Information

Name(s):

Address:

City:

State:

Zip:

Home Phone:

Mother Cell:

Father Cell:

Email:

In case of emergency, please contact:

Relationship:

Phone:



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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 2020 _____ **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
- Quartet/Ensemble experience, please explain: (Please use the back of this form, if needed.)



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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: ____/____