



2019 APPLICATION FORM

LAST NAME: _____ FIRST NAME: _____
CURRENT ADDRESS: _____
DATE OF BIRTH: _____ CITY OF BIRTH: _____
COUNTRY OF BIRTH: _____
SCHOOL AFFILIATION (IF ANY): _____
CURRENT TEACHER (IF ANY): _____

CONTACT INFORMATION

PHONE: _____ MOBILE PHONE: _____ E-MAIL: _____

ADDITIONAL CONTACT INFORMATION (IF AVAILABLE)

WeChat ID: _____ WhatsApp ID: _____ Skype ID: _____

YOUR FESTIVAL INFORMATION

PLEASE CHECK ONE:

I WANT TO PLAY THE FIRST MOVEMENT OF A CONCERTO WITH ORCHESTRA, AND

MY CHOICE IS _____
(Please note that the concerto repertoire cannot be changed after submitting this form).

I DO NOT WISH TO PLAY WITH ORCHESTRA.

SHARED SOLO RECITALS:

IF YOU WISH TO PERFORM IN SHARED SOLO RECITALS, PLEASE INDICATE TWO SOLO PIECES, EACH ABOUT EIGHT TO TEN MINUTES LONG, WHICH YOU COULD PERFORM (THE ARTISTIC DIRECTOR WILL THEN CHOOSE ONE):

COMPOSER: _____

COMPOSER: _____

TITLE: _____

TITLE: _____

DURATION: _____

DURATION: _____

YOUR SIGNATURE AND DATE: