



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: _____

IF YOU ARE APPLYING AS PERFORMER

PLEASE CHECK ONE:

I WANT TO PLAY A 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 (OR TWO GROUPS OF PIECES). EACH PIECE OR SET MUST BE ABOUT 8 TO 10 MINUTES LONG. THE ARTISTIC DIRECTOR WILL THEN CHOOSE ONE PIECE OR SET:

COMPOSER: _____

COMPOSER: _____

TITLE: _____

TITLE: _____

DURATION: _____

DURATION: _____

IF YOU ARE APPLYING AS AN "OBSERVER", PLEASE CHECK THIS BOX:

YOUR SIGNATURE AND DATE:

AFTER TYPING, PRINT THIS FORM AND SIGN IT. THEN SCAN IT AND E-MAIL TO: tim@todimusicmasters.com