



APPLICATION FORM

LAST NAME _____ FIRST NAME _____

CURRENT ADDRESS _____

DATE OF BIRTH _____ CITY OF BIRTH _____

COUNTRY _____ PASSPORT NUMBER _____

SCHOOL AFFILIATION (IF ANY) _____

CURRENT TEACHER (IF ANY) _____

CONTACT INFORMATION

PHONE _____ MOBILE _____ EMAIL _____

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 _____
- 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 GROUP 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 EMAIL TO: timmm@todimusicmasters.com