

INSTRUMENTAL APPLICATION FORM
2005 INDIANA UNIVERSITY SUMMER MUSIC CLINIC - JUNE 12-18

Note: Applications will be accepted as they are received until it becomes necessary to close certain sections. The deadline for mailing applications is May 1, although that is no guarantee of acceptance. Some sections fill up quickly, so send application forms as soon as possible.

Date of application _____ e-mail address _____

NAME _____ PHONE _____
Last First Middle AC/#

ADDRESS _____
Street City State Zip

Current Grade in School: 8 9 10 11 12 AGE ____ GENDER ____ SS # _____
M/F

FAX # _____ Name you would like on your nametag: _____
AC/#

Major instrument _____
Be specific: treble clef baritone, Eb contra, etc.

Years of experience in band/orch _____

What chair do you sit in band or orch? _____

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STRING STUDENTS - GO TO OTHER SIDE OF APPLICATION (CHAMBER ENSEMBLES WILL BE ASSIGNED)

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BAND STUDENTS ONLY – Choose ONE of the following electives

Note: orchestra or jazz band serves as your elective if you successfully audition into that group.

Brass techniques class _____ Conducting _____
Woodwind ensembles class _____ Double Reed Making (oboe & bassoon students only) _____
Jazz Improvisation _____ Leadership _____

Music theory Class:
____ Beginning theory No theory background
____ Intermediate theory Some theory training
____ Advanced theory High school classes for 1-2 years

ALL STUDENTS:

Have you attended the IU Summer Music Clinic before? _____ What years? _____ How many? _____

Number of years of private lessons _____ Are you currently taking private lessons? _____

Your High School _____ City of High School _____

Band, or Orchestra director's name _____

Please indicate your health insurance information here: (company, account numbers, etc.)

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IF THIS APPLICATION IS ACCEPTED, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE IU MUSIC CLINIC. I WILL ATTEND ALL REHEARSALS AND CLASSES AND PARTICIPATE IN THE FINAL CONCERT. I UNDERSTAND THAT THE CLINIC FEE DOES NOT INCLUDE HOSPITALIZATION, MAJOR MEDICAL COSTS OR PARKING COSTS. **Note: Both student and parent must sign below before the application is considered.**

Applicant's Signature

Parent or Guardian's Signature

COST: \$435.00 This includes a \$50 application fee (refundable only if the student is not accepted due to sections filled to capacity) and covers room and board in University dormitories and most study materials.

YOUR APPLICATION SHOULD BE ACCOMPANIED BY THE FULL AMOUNT OF CLINIC FEES. If this is inconvenient, please send the application and \$50 now and the remainder of the fee (\$385) by May 13, 2005. Payment in advance limits many major delays at registration. Full payment will be refunded if the application is rejected. Cancellations will be refunded (minus the \$50 application fee), only if you notify us prior to June 1. If you are expecting a scholarship from a local group don't wait to apply. We will not hold sections open without some payment. Send in an application fee to guarantee a spot for yourself. It is your responsibility to make sure we have received your scholarship payment.

Make checks payable to INDIANA UNIVERSITY SUMMER MUSIC CLINIC and mail to:

Stephen W. Pratt, Director
IU Summer Music Clinic
School of Music - Merrill Hall
Bloomington, IN 47405

If you have a preference for a roommate write us a letter prior to May 13. **Both** people who want to be roommates must write us with that request, indicating their name and the name of the other person. Written notification must be via US Mail. The IUSMC reserves the right to assign roommates. No changes will be made after May 13.