

# Summit Music Festival 2010 Application

**PLEASE NOTE: APPLICATION DEADLINE IS MAY 15, 2010**

Please type or print all parts of this application clearly and completely. It is most important that all parts of your address be written on the correct line. Please use as much space as you need to make sure your address is clear and legible.

**INSTRUMENT:**

## PERSONAL INFORMATION

LAST NAME FIRST NAME MIDDLE

STREET

CITY STATE ZIP CODE

COUNTRY ( ) ( ) ( )

TELEPHONE, DAY EVENING MOBILE ( )

EMAIL (Please enable this account to receive emails from @summitmusicfestival.org) FAX

Male  Female

AGE (AS OF 08/01/2010) DATE OF BIRTH (MONTH/DAY/YEAR)

COUNTRY OF CITIZENSHIP VISA STATUS (IF NOT US CITIZEN)

## PROGRAM

**Pre-Session Intensive Study**

1 Week 7/24-7/31/10

**Individual Instrumental Program**

2 weeks 7/31-8/14/10

3 weeks 7/24-8/14/10

**Adult Instrumental Program**

1 week 7/24-7/30/10

**Chamber Music Preformed Group**

2 weeks 7/31-8/14/10

**Chamber Music Instrumental Program**

2 weeks 7/31-8/14/10 (You must also be enrolled in either 2 week or 3 week Individual Instrumental Program)

**Aaron Rosand Intensive Violin Study Program**

2 weeks 7/31-8/14/10 (Acceptance by application ONLY)

**REQUESTED TEACHER:**

Select one:  Board

Day Student

## APPLICATION FEE

The \$100 Application Fee is required for all applicants (\$125 after May 15, 2010). This fee is not refundable and cannot be credited against any other charge. Checks and money orders must be drawn on US banks in US funds and be made payable to Summit Music Festival, Inc.

Enclosed is a check or money order.

Charge my credit card  Visa  Mastercard  Discover

CREDIT CARD NUMBER EXPIRATION DATE

CARDHOLDER SIGNATURE 3 DIGIT SECURITY CODE

*Over (application continues on reverse)*

# Summit Music Festival 2010 Application continued from front

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INSTRUMENT	YEARS OF STUDY
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NAME OF CURRENT TEACHER	TEACHER'S AFFILIATION/POSITION
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TEACHER'S TELEPHONE NUMBER	TEACHER'S EMAIL
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CURRENT MUSIC SCHOOL

Have you ever applied for admission to the SMF before?  No  Yes If yes, years applied \_\_\_\_\_

Have you ever enrolled at the SMF before?  No  Yes If yes, years enrolled \_\_\_\_\_

How did you find out about us?  Mailing  Website  Other \_\_\_\_\_

List other principal teachers and dates of study:

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NAME	DATES
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NAME	DATES
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NAME	DATES
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List other festivals attended and dates of attendance:

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NAME	DATES
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NAME	DATES
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List Musical Awards/Accomplishments (include dates when applicable)

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**CHAMBER MUSIC PREFORMED GROUP** Please list members of the group, any specific repertoire, and coach request below.

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Tape Audition Enclosed (Required for all programs)

Letter of Recommendation Enclosed

Request for Scholarship or Work Study Program Letter Enclosed

Letter of Recommendation to be sent separately

**MAIL ALL MATERIALS TO:**

**Summit Music Festival, 270 Washington Avenue, Pleasantville, NY 10570**