

**WRIGHT STATE UNIVERSITY
CHAMBER MUSIC WEEKEND, JANUARY 9 – 10, 2010
APPLICATION FORM**

Name: _____

Instrument: _____ Age/Grade: _____

Address: _____

City/State/Zip code: _____

Phone number: _____ Email address: _____

School: _____

School Music Teacher: _____

Endorsement signature of school music teacher: _____

Name and contact information for private teacher: _____

Number of years of private study: _____

Endorsement signature of private teacher: _____

On an attached sheet, please include the information: main ensemble/chamber music experience outside of your school (including dates), main solo/chamber repertoire studied for the last 2 years, and solo contests entered (and results).

Please submit along with this application form and information sheet, a cassette or CD of your solo playing, including two contrasting musical works or extended excerpts (10 minutes total duration).

Please address application forms to:

Dr. Franklin Cox
Wright State University
Department of Music
3640 Col. Glenn Highway
Dayton, OH 45435-0001