

APPLICATION FORM
The Chamber Music Society of Santa Barbara
Chamber Music Workshop
March 16 - 17, 2019

MAIL TO: **CMSSB c/o SHERRY TRUJILLO P.O. BOX 62128, SANTA BARBARA, CA 93160-2128**
ENCLOSE: **A CHECK**
DEADLINE: **APPLICATION POSTMARKED NO LATER THAN JANUARY 26, 2019**

Name: (please print) Last _____ First _____

Instruments: 1. _____ 2. _____

Street _____ City _____ State _____ Zip _____

Phones: _____
Home Business Cell

Email: _____

I am applying for: (check one)

- Saturday and Sunday, NOT preformed
- Both days, preformed Saturday
- Both days, preformed Sunday
- Both days, preformed one day. My preformed group could participate Saturday or Sunday

- Saturday only, NOT preformed
- Saturday only, preformed

- Sunday only, NOT preformed
- Sunday only, preformed

- One day, not preformed. I could attend Saturday or Sunday
- One day, preformed. Our group could attend Saturday or Sunday.

And:

- I am interested in freelancing Saturday after the program.
- Scholarships are available. If you need financial assistance, contact Mary Jo Hartle at 805-680-4625 or mjhartle@cox.net.
- I prefer vegetarian meals.
- I would like to have additional lunches for guests. Number of guests _____
- I am a member of ACMP

I am enclosing the following:

Registration fee of \$180 for Saturday and Sunday	_____	\$ _____
Registration fee of \$90 for one day only	_____	\$ _____
Tax-deductible contribution specifically to the CMSSB Scholarship Fund	_____	\$ _____
Tax-deductible contribution to CMSSB's General Fund	_____	\$ _____
Extra lunches for my guests (\$15 each) Sat.	_____	\$ _____
Sun.	_____	\$ _____

TOTAL ENCLOSED (Please make all checks payable to CMSSB) _____ \$ _____

PREFORMED GROUPS

The workshop will give preference to those preformed groups who have **four or more** players. Preformed trios will be accepted only after all others are considered. Preformed groups may play together on Saturday or Sunday, but not both. Group members are encouraged to sign up as individuals on the other day.

Please bring all the music your group will need, along with a score for your coach to use.

Each preformed group member must fill out a separate application and mail it by the January 26th deadline. Please apply online at <http://www.sbchambermusic.org>. Application forms are available there as well.

Preformed groups, please list the names of group members, their instruments and phone numbers or email here:

Our preformed group will be rehearsing the following piece:

Composer: _____ Title and Opus No: _____

INDIVIDUALS

If possible, I would like the following works as assignments: _____

Preferences for violinists:

First Violin First Violin on less difficult parts Second Violin No preference

Preferences for violin/viola players:

I prefer to play violin I prefer to play viola I prefer to play violin one day and viola the other I have no preference

If we have too many applicants who play your instrument, would you prefer to be:

assigned a single instrument group, e.g. a cello quartet, or put on the waiting list.

FIRST-TIME APPLICANTS

Please tell us about your playing experience:

My playing "shape" is currently:

Rusty Fair Good Very Good

My current performance level is:

Instrument #1: Intermediate Semi-advanced Advanced Professional

Instrument #2: Intermediate Semi-advanced Advanced Professional

I usually play in _____ different chamber music groups, a total of about _____ times a month.

I usually play in _____ orchestras, about _____ times a month.

I am currently studying music: privately in school

Chamber Music workshops I have attended:

This year I worked on or performed the following works:

Please provide the name of a musical reference and a way to contact that person: