

CHAMBER MUSIC Madness

APPLICATION FORM: MADNESS PROGRAMS 2010-11 SEASON

Sight-reading & Repertoire Exploration Workshops

STUDENT NAME(S):	
Instrument(s):	
Age:	Date of Birth:
Address:	
Phone Number:	
Email address(es)*:	

**We depend on e-mail as our main form of communication. If you do not use e-mail regularly, at least once per week, please let us know! Please include all relevant family email addresses.*

STUDENT MUSICAL BACKGROUND

Please share your experience level:	
What are your most recent solo pieces?	
Etudes?	
Other ensemble experience, recent ensemble repertoire?	
Please assess your own sight-reading level:	
School name/home-school?	
Do you have an ensemble at your school?	Please describe:
How many years of private study?	

Private teacher information:

TEACHER'S NAME:	PHONE NUMBER:
Mailing address:	
E-mail address:	

PARENTS

PARENT/GUARDIAN	PARENT/GUARDIAN
Name:	Name:
Profession:	Profession:
Employer:	Employer:
Employer matching program for contributions? _____	Employer matching program for contributions? _____

ULTIMATE CHAMBER MUSIC MADNESS	
1st term Ultimate Madness:	\$290.00 <input type="checkbox"/>
2:00-5:00pm Oct.10, Oct.24, Nov.14 and Dec.12 2010	
2nd term Ultimate Music Madness:	\$290.00 <input type="checkbox"/>
2:00-5:00pm Jan.9, Jan.30, March 6, April 17 2011	
BEYOND CHAMBER MUSIC MADNESS	
1st term Beyond Chamber Madness:	\$290.00 <input type="checkbox"/>
2:00-5:00pm Sept.26, Oct.17, Nov. 7, Nov.21 2010	
2nd term Beyond Chamber Madness:	\$290.00 <input type="checkbox"/>
2:00-5:00pm Jan. 23, Feb.27, Mar.13, May 1 2011	
MINI CHAMBER MUSIC MADNESS	
1st term Mini Madness:	\$290.00 <input type="checkbox"/>
2:00-5:00pm Sept. 26, Oct.17, Nov. 7, Nov.21 2010	
2nd term Mini Madness:	\$290.00 <input type="checkbox"/>
2:00-5:00pm Jan.23, Feb.27, Mar.13, May 1 2011	

APPLICATION/REGISTRATION FEE (PAID ONCE FOR BOTH TERMS)	<u>\$35.00</u>
Tuition: It is only necessary to pay for one semester at a time.	\$ _____
Optional: tax-deductible donation You may include in the same check as tuition. <input type="checkbox"/> We would like to be acknowledged in donor lists as: _____	\$ _____
Or: <input type="checkbox"/> Anonymous	
Total:	\$ _____

Volunteering: We really appreciate any and all help. Please check all that apply

Help with the Madness workshops:

- Snack provider
- Site manager for one semester of my child's workshops (Come 30 minutes early to help set up, and help break down, perhaps help set out snacks)
- Snack coordinator (communicate with families to arrange who brings what when)

Other ways to assist and participate with CMM

Fundraising: Would you be willing to attend an informational evening? yes___ no___

Board of Trustees: Our board is group of friendly, dedicated people who meet monthly; share responsibilities in helping provide support to CMM. Would you be willing to consider serving in such a capacity?

What other skills or expertise might you consider sharing? We hold public concerts, and can use help with receptions, set-up/ushering, photography, etc.

Click here to learn about [The Madness Philosophy](#).

Click here to learn about [Madness Information](#)

We understand that credit is not provided for missed workshops

We have read and shared with the student the "Madness Philosophy" statement.

Please make checks payable to **Chamber Music Madness** and mail with the application to:
Chamber Music Madness
PO Box 27164 Seattle, WA 98165