



Celebrating our Sixteenth Season of Excellence in Chamber Music Education and Performance

**2012 VIRTUOSI OF HOUSTON FOURTH ANNUAL
SMALL ENSEMBLE SUMMER WORKSHOP
APPLICATION FORM**

*All applicants must complete Part 1 of the application. Applicants who are **not** members of Virtuosi of Houston must additionally complete Part 2 of the application. Application deadline is February 29, 2012. All are encouraged to apply soon because space is limited.*

Notification of acceptance will be e-mailed as applications are reviewed.
First notifications will be e-mailed beginning March 8, 2012.

**Total Tuition for current Virtuosi Members: \$700 - For all others: \$750
Once notified, a non-refundable deposit of \$275 will be due by March 31, 2012
to reserve the student's space at the workshop.**

For additional information, please call the Virtuosi of Houston office at (713) 807-0888.

Completed application forms can be mailed to:
Virtuosi of Houston – 2121 Kirby Drive, No. 117 – Houston, TX 77019

Application fee of \$40 is due with the submission of the application.

Application—Part 1

Student Information

Musician's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Musician's Cell Phone: _____

Musician's Email: _____

Instrument: _____ School: _____ School District: _____

Grade Completed June 2012: _____

Group Placement Audition Dates:

After acceptance, each student will play a short audition to determine which group he/she will be placed in for the duration of the workshop. Students should prepare one solo or concert piece for their audition. The committee will also speak with each student about his/her chamber music experience. Please indicate below when you are available for this audition:

_____ April 14, 2012, 8 am – 12 noon

_____ April 21, 2012, 8 am – 12 noon



Celebrating our Sixteenth Season of Excellence in Chamber Music Education and Performance

Parent/Guardian Information

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mother Cell: _____ Father Cell: _____

Email: _____

In case of emergency, please contact: _____

Relationship: _____ Phone: _____



Celebrating our Sixteenth Season of Excellence in Chamber Music Education and Performance

2012 VIRTUOSI OF HOUSTON SMALL ENSEMBLE SUMMER WORKSHOP

Please have your Private or Orchestra Teacher fill out this form.

All non-Virtuosi students are required to submit Part 2.

Application—Part 2

Name _____ **Age** _____

School Attending Fall 2012 _____ **Grade** _____

School District _____

School Orchestra Director _____

Instrument _____

Musicianship:

Student can read and perform rhythmic patterns in all time signatures (simple and compound); recognizes and performs intervals by size and quality; recognizes and understands all major key signatures and related melodic patterns.

Yes No

Current Working Piece _____

Last Polished Piece _____

Teacher Signature _____

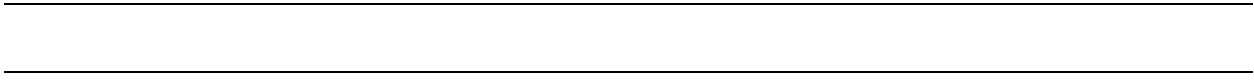
Teacher Comments:

Orchestra Level:

- Never played
- School String Program, number of years _____
- Youth Symphony/Community Orchestra, number of years _____
- Region All State
- Quartet/Ensemble experience, please explain: (Please use the back of this form, if needed.)



Celebrating our Sixteenth Season of Excellence in Chamber Music Education and Performance



VIRTUOSI OF HOUSTON MEDICAL INFORMATION FORM
(ONLY NON-VIRTUOSI OF HOUSTON APPLICANTS NEED TO COMPLETE AND SUBMIT UPON ACCEPTANCE)

Please Print

Student's Name: _____ Sex: Male ___ Female ___ Age: _____
Last First Middle

Parent(s) or Guardian Name(s): _____ Student's Date of Birth: _____

Address: _____
Street City State Zip Code

Parent(s) or Guardian Telephone: _____ Emergency Telephone: _____ Emergency Telephone Relationship: _____

Insurance Company: _____ Policy Number: _____
 Family Physician: _____

Does the student have a previous history of:

	Yes	No		Yes	No
Bleeding tendencies	___	___	Asthma	___	___
Hernia	___	___	High Blood Pressure	___	___
Tuberculosis	___	___	Sickle Cell Anemia	___	___
Kidney Disease and/or injury	___	___	Hepatitis	___	___
Rheumatic Fever	___	___	Skin Disease	___	___
Contact Lenses/Glasses	___	___	Allergy	___	___
Neck injury	___	___	Bone and/or joint injury	___	___
Heart Disease	___	___	or disease	___	___
Kidney, Lung, or Eye removed or non-functioning	___	___	Diabetes	___	___
Head injuries, seizures, unconsciousness, concussion, convulsion	___	___	Surgical operation	___	___
			Is student taking medication regularly?	___	___
			Allergy to medicine	___	___
			Date last tetanus shot	___	___

Explain any "yes" answers _____

Is the student currently under a physician's care? ___ Yes ___ No
 Name and phone of physician: _____

Please list all medications and any illnesses not listed above requiring medication being taken at the present time: _____

Does the student have any disability recognized by the Americans with Disabilities Act (i.e. ADHD, Graves' Disease, etc.)? ___ Yes ___ No

I hereby consent for medical care to be given to _____ in case of an emergency.

You warrant and represent that you have the right, power and authority to sign this release on behalf of your minor.

Date: _____

By: _____
Printed Name

Signature of Parent or Guardian

2012 VIRTUOSI OF HOUSTON SMALL ENSEMBLE SUMMER WORKSHOP

Payment Information – to be submitted upon notification of acceptance

A non-refundable deposit of \$275 is due by March 31st, 2012. Full payment of participation fee is due by April 30, 2012. Payment may be made by personal check, money order, VISA, MasterCard, or American Express. Please make checks payable to Virtuosi of Houston. A \$25 service charge will be levied on all returned checks.

Payment Plan A:

_____ Payment in full: \$750 (\$275 non-refundable due by March 31st, 2012)

Payment Plan B:

_____ Non-refundable deposit: \$275 (due by March 31st, 2012)

_____ Payment 2: \$475 (due by April 30, 2012)

Payment Type:

Check Money Order Credit Card

For Credit Card Payments:

Please charge: \$ _____ to my: MasterCard Visa American Express

Card Number: _____

Expiration Date: ____/____/_____

Billing Address:

Name: _____

Street: _____ Apt/Suite No. _____

City: _____ State: _____ zip code: _____

Signature:

Card Holder's Name (as it appears on card):

_____ Please automatically charge my credit card listed above on the date(s) payments are due.

Cancellation policy:

\$275 deposit is non-refundable. If Virtuosi is notified by e-mail or in writing no later than May 20, 2012, up to \$475 will be refunded. *No refunds will be given if cancellation is received after May 20, 2012.*

2012 VIRTUOSI OF HOUSTON SMALL ENSEMBLE SUMMER WORKSHOP

Release Information – To be submitted upon notification of acceptance

Photo/General Media Release

I give permission for my child to be photographed or videotaped for Virtuosi of Houston public information materials, general media coverage, and organization-related materials.

Parent/Guardian Signature

Date

Liability Release

I hereby release and forever discharge Virtuosi of Houston or any other organization, agency, or individual associated with this program, including any members, volunteers, agency, or representative thereof, of any kind of blame and/or responsibility for any loss, damage, or injury my child may suffer as a direct or indirect result of my child's participation in any activity associated with or related to this program.

Parent/Guardian Signature

Date