



ADULT CHAMBER MUSIC WORKSHOP REGISTRATION FORM

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August 7-11, 2017: 6:00pm-8:30pm

Metropolitan State University,

890 Auraria Parkway, Denver, Colorado

NAME:

ADDRESS:

CITY, STATE & ZIP:

PHONE:

EMAIL:

INSTRUMENT:

PRIVATE INSTRUCTOR(if any):

PRIVATE INSTRUCTOR EMAIL/PHONE #:

YEARS OF STUDY:

ESTIMATED ABILITY:

- Intermediate Intermediate skills but experienced in chamber music
 Advanced skills but not experienced in chamber music Advanced and experienced Professional player

PIECE YOU ARE WORKING ON:

PRIOR CHAMBER MUSIC EXPERIENCE:

I play in chamber ensembles:

Once a week Once a month Occasionally Never

I play in a band or orchestra:

Once a week Once a month Occasionally Never

I take private lessons:

Once a week Once a month Occasionally Never

LIST OF (IF ANY) CHAMBER MUSIC YOU HAVE STUDIED:

HAVE YOU PARTICIPATED IN ANY OTHER ADULT CHAMBER MUSIC PROGRAMS? IF SO, WHERE AND WHEN?:

ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW:
