

APPLICATION

Student Name: _____

Mailing Address: _____



Home Phone: _____ Cell: _____

E-Mail Address: _____ Student: _____

Parent: _____

QUESTIONNAIRE

1. What instrument do you play? _____

2. Who is your private instructor? _____

3. Have you ever been in a chamber music group? Yes No

If yes, please describe _____

4. If you were in a YCA chamber music group last season, please describe your experience. _____

Is there a desire to keep the group together for this season? Yes No Not Sure

Please list members. _____

5. When is the most desirable time for you to rehearse with your chamber music group? (check all that apply)

Weekday after school? M T W Th F (circle all that apply)

Weekend day? Sat Sun (circle all that apply)

After YCA rehearsal on Tuesday?

6. Comments? _____

COST \$ 100 (includes 8 coached one-hour-long sessions per season)

When completed, please mail along with check made out to YCA to:

YCA- Chamber Music

P.O. Box 63356

Colorado Springs, CO 80962-3356

DEADLINE FOR APPLICATION 15 September 2006

July 2006