

Application: Maia Quartet Workshop

Please type or print neatly!

Email is the primary method of communication,
so please double check your email address.

1st Violin:	
Name :	_____
Address :	_____

Email :	_____
Phone :	_____
Birthdate :	_____
Signature :	_____

2nd Violin:	
Name :	_____
Address :	_____

Email :	_____
Phone :	_____
Birthdate :	_____
Signature :	_____

Viola:	
Name :	_____
Address :	_____

Email :	_____
Phone :	_____
Birthdate :	_____
Signature :	_____

Cello:	
Name :	_____
Address :	_____

Email :	_____
Phone :	_____
Birthdate :	_____
Signature :	_____

Please submit a short CD/DVD of the quartet's playing.

Repertoire on the recording: _____

By signing and submitting this application, we understand that, if accepted, attendance of the workshop is required.

Workshop schedule: Saturday 10/10, 9AM-6PM and Sunday 10/11, 10AM to 4PM

Teacher Reference:

Please have one teacher (either private or public) sign to recommend you as a group:

Teacher Name : _____ Email : _____
Signature : _____

Application Deadline: postmarked Sept. 1, 2009

Submit application, CD, and \$25 application fee (made out to VCU Department of Music) to:

Susanna Klein, Coordinator of Strings

VCU Department of Music

922 Park Ave.

P.O. Box 842004

Richmond, Virginia 23284-2004

Acceptance Notification Date: September 14, 2009

vcuarts
Department of Music