

MUSICAL CONNECTIONS: ENSEMBLE APPLICATION

Section I: Ensemble Information

Name of Ensemble Contact Person: _____

(All correspondence will be sent to the person designated above.)

Ensemble Name: _____

Instrumentation: _____

Founding Date: _____

Please indicate below how you heard about this workshop.

Friend / Colleague: _____ Publication: _____

E-Mail carnegiehall.org Other: _____

Please provide a brief biography for the ensemble on the lines below. Be sure to include any community or educational concerts performed in the past two years. (approximately 100 words)

Which best describes your ensemble? Professional Ensemble Touring Ensemble Student Ensemble

Ensemble with Flexible Number of Personnel Other: _____

Section II: Ensemble Members

Ensemble Member

(Please include the following information for each ensemble member)

Ms. Mrs. Mr.

Name: _____ Instrument: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Permanent Address (if different from above)

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Additional Information

Citizenship: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Date of Birth: _____

Please provide a brief biography on the lines below. (approximately 100 words)

Which best describes your current professional status? Undergraduate Student Graduate Student

Professional Musician Other: _____

Other Interests (besides music): _____

Have you been involved in other WMI programs? Yes No

Please include details: _____
