



2010 ADULT CHAMBER MUSIC RETREAT OCTOBER 29 - NOVEMBER 1, 2010 APPLICATION FORM

Name: Mr./Mrs./Ms. (circle one) _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Primary Instrument: _____ Secondary Instrument?: _____

If applying as a pre-formed group, names and instruments of other members:

Please describe your instrumental skill level (e.g. years studied, sample solo repertoire):

Chamber music experience and repertoire studied/played:

Pieces you would like to play with your group and/or read with others? Do you feel comfortable with Classical era works? Romantic? 20th century?

Please rate your sight reading level from 1-5 (1=little/no sight reading experience, 5=confident sight reader) _____

Violins: I am comfortable playing ___1st violin ___2nd violin ___Both

Would you like to stay on campus at ICMC? _____

Please mail completed application form with recording (for individuals only) to: Icicle Creek Music Center, Attn: Jennifer Caine, P.O. Box 2071, Leavenworth, WA 98826. Deadline: September 30, 2010.