sun valley
summer symphony
SCHOOL OF MUSIC

Returning Student Application

Semester: ☐ **Fall 2009 (Deadline: June 1, 2009)** ☐ **Winter 2010 (Deadline: December 30, 2010)**
Program: ☐ **Core Program** ☐ **Developmental Program**
☐ **Ensemble Only (Please indicate group: ☐ String ☐ Meoldia ☐ Enchante ☐ B-Tones)**
☐ **I do not wish to reapply to the School of Music at this time** (name & signature only required)

Applicant's name _____
(last) (first) (other)

Grade (for fall semester indicate grade in Sept.2009) _____ Birth Date _____ Age _____

School _____

Parent's name (please print) _____

Mailing address _____

_____
(city) (state) (zip)

Phone (home): _____ (work): _____ (cell:) _____ Student cell:_____

Parent Email: _____ Student Email: _____

Major instrument/voice _____ Years experience _____

Current private instructor _____ Years _____ Phone _____

Other instruments (list) _____

Types of training (check all that apply)
☐ Suzuki (level reached _____) ☐ traditional classical ☐ jazz ☐ other (specify) _____

Music/performing experience update (list programs, recitals, festivals, etc. since last application) _____

_____

Music Camp/Workshop updates _____

This application must be signed by the applicant and a parent or guardian.

Applicant signature _____ Date _____

As parent (or guardian) of the above named applicant, I give permission for him/her to participate in the Sun Valley Summer Symphony School of Music.

Parent or guardian signature _____ Date _____

Return application to: SVSS School of Music P.O. Box 3956 Hailey, Idaho 83333
Phone/fax: (208) 788.4616 email: gasenica@mindspring.com www.svsummersymphony.org