



## 2019 PARTICIPANT APPLICATION FORM

Applications are due by May 10, 2019. Applications received by February 25, 2019 will receive a 10% discount off tuition. Financial aid awards will be announced by May 18, 2019. Full payment and forms are due May 24, 2019. Due to the highly individualized nature of this program, **no refunds** will be given after June 1, 2019. No refunds will be made for failure to attend or incomplete attendance for any reason.

**Forms:** Forms with application fee and/or full payment made out to “Worcester Chamber Music Society,” with “2019 ChamberFest” on the memo line.

**Videos:** The 2019 ChamberFest has no audition requirements. For more accurate ensemble placement, you **MUST** submit a 1-3 minute video clip of yourself to the camp by May 10, 2019. The video content must be of you in a small chamber ensemble or solo performance/practice. No orchestra please. Videos can be taken on smartphones and other simple recording devices. This is **not** a requirement for acceptance and is solely used to accurately place you in a group. Video clips can be emailed to [ariana@worcesterchambermusic.org](mailto:ariana@worcesterchambermusic.org)

**Application Fee:** \$50 (non-refundable) per application

**Tuition Fee:** \$680

**Room and Board Fee:** \$390

**Day Lunch Plan Option:** \$65/5 lunches per session (or choose to bring your own)

Session I: July 1-5 \_\_\_\_\_ Day participant \_\_\_\_\_

Session II: July 8-12 \_\_\_\_\_ Overnight participant \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

M/F (circle one) Age \_\_\_\_\_ Participant Phone : \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Instrument/Years Studied: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Teacher Phone and Email (required): \_\_\_\_\_

Chamber Music Studied: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am applying for Financial Aid: Yes \_\_\_\_\_ No \_\_\_\_\_

**MAIL TO (with application deposit):**

Worcester Chamber Music Society, 323 Main St., Worcester, MA 01608