

Application
Young Performers Certificate Program
2007-2008

Student's Name _____ Date of Birth _____ Gender (M/F) _____

School and Grade 2007-2008 _____

Mailing Address _____ City/State/Zip _____

Parent(s) Names _____ Home Telephone _____

Work Phone _____ Cell Phone _____ Email _____

Please sign here if you do NOT want this information shared in a directory to be distributed among YPCP participants _____

Instrument _____

Do you study your instrument at Longy? Yes No

If yes, what is the name of your private teacher? _____

Are you currently a member of an orchestra or ensemble? Yes No

If yes, which one(s) _____

Have you taken music theory or other music classes? Yes No

If yes, what class(es) _____ How Long? _____

What repertoire will you be presenting at the audition?

Please return application to the Preparatory Office – 33 Garden Street, 2FL
E-mail to denise.carter@longy.edu or fax to 617-492-6723. Questions? Please call Denise Carter, Administrative Assistant 617-876-0956 x650.

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